

A STUDY ON

ORUTHALAI VAATHAM

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DEPARTMENT OF NOI NADAL
Government Siddha Medical College
Palayamkottai – 627 002

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CERTIFICATE

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INTRODUCTION

The word “Siddha” comes from the word “Siddhi” which means ‘an object to be attained’ or ‘prefection’ or heavenly bliss’. Siddhi generally refers to Astama siddhi (அஷ்டமாசித்தி) i.e., the eight great supernatural powers which are enumerated as Anima (அணிமா) etc.. Those who attained or achieved the above said powers are known as siddhars.

The siddhars were further the greatest scientists in ancient times. They were men of highly cultured intellectual and spiritual faculties combined with supernatural powers. Their works in tamil are supposed to be more valuable than many that have been written in Sanskrit. They contain a large number of valuable formulae and exhibit further minute enumerations of morbid symptoms.

As per siddha text, man is said to be the microcosm and the world the macrocosm, because what exists in the world exists in man, so man must be looked upon as an integral part of nature and not as anything separate from the latter. Further, the forces in the microcosm or man are identical with the forces of macrocosm or the world the natural forces acting in and through the various organs of the human body are intimately related is the similar or corresponding force acting in and through the organisms of the world.

“அண்டத்திதுள்ளதே பிண்டம்
பிண்டத்திலுள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்துதான் பார்க்கும் போதே”

- சட்டமுனி ஞானம்

In the organisms of man, these forces may act in an abnormal manner and cause disease thereby.

Humoral pathology explains that man is mixture of the three cardinal humours viz Vali, Azhal, Iyam and that the relative proportion of these humours are responsible for person's physical and mental qualities and dispositions.

Disease, according to modern science is only a departure from a state of health and more frequently a kind of disturbance of the healthiness of the body to which any particular case of sickness is assigned. According to Sidhar's philosophy, disease in man does not originate himself, but influence which act upon him. As already stated, man is compared to the world, so any change in the elementary condition of external world has its corresponding change in the human organism. There is the feeling of oneness between the external and the internal world of man, and it is upon this oneness that the doctrine of humoral pathology i.e. the theory of Thridoshas (முப்பிணி) is based. This may occur through different causes viz.

1. Derangement of the three humours
2. Astral influences
3. Poisonous substances
4. Psychological causes
5. Spiritual causes
6. Disease originating from the soul

In Yugi Vaithiya chindamani, Yugi described 80 types of vadha disease, "Orutahalai Vaatham" is one of the entity of the vadha disease.

SIDDHA PHYSIOLOGY

Man is not merely made up of muscle, bones and nerves as we think. According to siddhar's thought.

Man (Microcosm) is having himself all the things in the universe (macrocosm)

Earth (Purthivi) -	மண்
Water (Appu) -	நீர்
Fire (theyu) -	தீ
Air (Vayu) -	காற்று
Space (Aagayam) -	விண்

The basic elements exists in two forms.

- i. Sthula form (பருநிலை) - Recognized by our senses
- ii. Sukkuma form (நுண்நிலை) - Not recognized by our senses.

Human body is made up of 2 kinds of bodies.

- i. Sthula Sariram (Visible body)
- ii. Sukkuma Sariram (invisible body)

Sthula Sariram includes

Bones, Muscles, Blood vessels, Nerves and all functional systems of human body. It is known as functional units of body.

Sukkuma Sariram,

This is the basic for the Suthala Sarrirma. It makes the Sthula Sariram to be active.

A basic thing for functioning of human beings explained by siddhars includes.

- ❖ 96 Thathuvangal
- ❖ 7 Udal Kattukal
- ❖ 6 Suvaigal

The factors which influences the functioning of human body are,

- ❖ Udal Vanmai
- ❖ Udal Thee

Siddhars explained physiology on the basis of 96 thathuvangal (or) Structural units. Thus explains the physical and chemical factors that are responsible for the origin, development and progression of life.

Human Body [Built by Panchapoothas] [96 thathuvangal]

External Thathuvas [Sthula Sariram]

i) Gnani enthiryan[5]
[Five Sense Organs]

→ Ear
→ Nose
→ Body
→ Eye
→ Tongue

ii) Pori 5
[Functions of five
Sense Organs]

→ Hearing
→ Touch
→ Vision
→ Smell
→ Taste

iii) Kanmaenthiryam – 5
[Functional Organs]

→ Mouth
→ Leg
→ Arm
→ Anus
→ Genital

iv) Kanmavidayam

[Functions of Kanma enthruyam]

→ Speech
→ Movements throw legs
→ Flexion and extension of arm
→ Daefication
→ Evacuations of semen and
→ ovum and contributes coitus

Internal Thathuvas [Sukkuma Sariram]

i) Anthakaranam - 4

ii) Arivu – 1

iii) Naadi – 1

iv) Vayu – 10

v) Aasayam – 5

vi) kosam – 5

vii) Aatharam – 6

viii) Mandalam – 3

ix) Malam – 3

x) Thodam - 3

xi) Edanai – 3

xii) Gunam – 3

xiii) Vinai – 2

xiv) Raagam – 8

xv) Avathai – 5

7 Udakkatukal

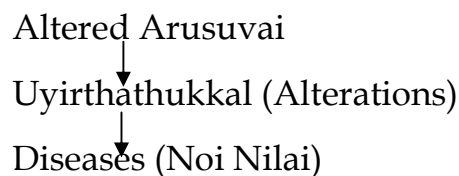
1. Saaram - It enriches the functions of body and mind
(Energy through food stuffs)
2. Senneer (Blood) - It makes the basic functions of body perfectly
3. Oon (Muscles) - It gives structure to our body and gives supports to the joints
4. Kozhuppu (Fat) - Gives lubrication to our body organs to move.
5. Enbu (Bone) - It gives skeletal structure to the body and also protection.
6. Moolai(Bone marrow) - It gives stability to bone.
7. Venneer (Sexual fluid) - It helps to produce the new generation

Arusuvaigal - We get from foods

It has linked to uyirthathu, panchapootham and body functions

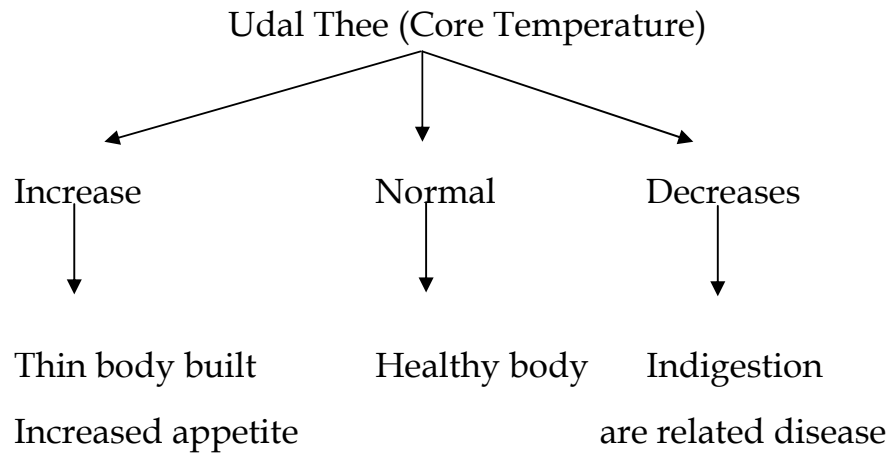
இனிப்பு (Sweet)	- Mann + Neer	Vali - Vayu + Mann
புளிப்பு (Sour)	- Mann + Thee	Azhal - Thee
உப்பு (Salt)	- Neer + Thee	Iyam - Neer
கைப்பு (Bitter)	- Vayu + Aagayam	
கார்ப்பு (Pungent)	- Vayu + Thee	
துவர்ப்பு (Astringent)	- Mann + Vayu	

Any alteration takes place in suvaigal. It affects the uyirthahu and body functions.



Udal Thee

It is our body's core temperature or BMR (Basal Metabolic Rate)



Types:

- Samakkini
- Vishamakkini
- Deekshakkini
- Mandhakkini

Udal Vanmai (Innate immunity)

It is genetically transmitted from parents and also get throw our environment.

When any alteration takes place in immunity diseases occur.

SIDDHA PATHOLOGY

INTRODUCTION :-

NOI:-

According to siddhars both human body and environment (universe) are functioning on the basis of Pancabootha theory

“அண்டத்திதுள்ளதே பிண்டம்
பிண்டத்திலுள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்துதான் பார்க்கும் போதே”

- சட்டமுனி ஞானம்

The three vital forces namely Vatha, Pitha and Kabha are responsible for the physiological and pathophysiological state of the human body. So the pathological condition which affected the human body is called noi.

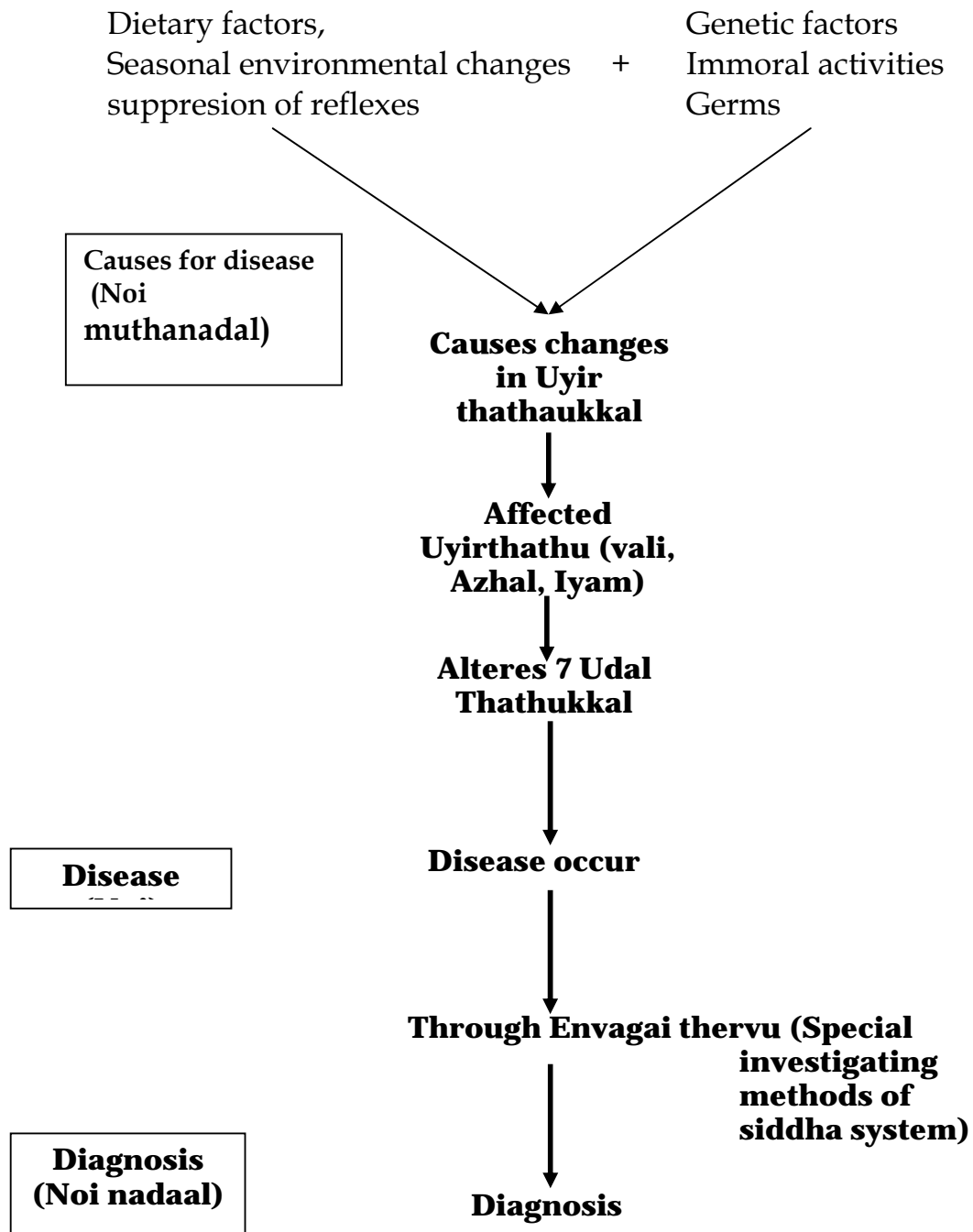
மிகினுங் குறையினுங்நோய் செய்யும் நூலோர்
வளிமுதலா எண்ணிய மூன்று

- திருக்குறள்

The following factors are responsible for the causes of the noi :-

- (1) The abnormal dietary habits which affects the normal physiology of the human body.
- (2) The life style and habits which exacerbate (or) suppress the normal functions of Vali, Azhal and Iyam leads to Noi.
- (3) Seasonal and environmental changes
- (4) Genetic factors (Kanma Vinaikal)
- (5) Immoral factors
- (6) Suppression of reflexes
- (7) Microorganism (Kiriimi & Pulukkal)

Above these factors will cause the disease (Changes in Uyirthathu). These changes are reflected in 7 Udalkattukkl and produce the symptoms of the disease.



“நோய்நாடி நோய் முதனாடியது தணிக்கும்
வாய்நாடி வாய்ப்பச் செயல்”

- திருக்குறள்

Causes for disease

(i) Dietary Factors

Take the food in the form of Aru suvaigal

Altered Aru suvaigal (food)



Altered Uyirthathu



Altered Udalathathu



Disease

(ii) Seasonal variations (Paruvakaalam)

	Vali	Azhal	Iyam	Month
Kaarkaalam	Aggravated	Accumulated	Slightly change	ஆவணி, புரட்டாசி
Koothirkaalam	Normal	Aggravated	Normal	ஐப்பசி, கார்த்திகை
Munpanikaalam	Neutralized	Neutralized	Neutralized	மார்கழி, தை
Pinpanikaalam	-	-	Accumulated	மாசி, பங்குனி
Elavenirkaalam	-	-	Aggravated	சித்திரை, வைகாசி
Muthuvenirkaalam	Accumulated	-	Normal	ஆனி, ஆடி

Environmental Changes

There are 5 types of places,

Kurnchi (குறிஞ்சி)	Iyam accumulated, Liver Abdominal mass will develop
Mullai (முல்லை)	Vali, Azhal disease may develop
Marutham (மருதம்)	Place for human beings
Neithal (நெய்தல்)	Vali disease, liver enlarged, Flatulence may develop.
Paalai (பாளை)	Not suitable for human living all disease may develop

(iii) Genetic factors

“பேறுயிளமையின்பம் பிணி மூப்பு சாக்காடு
ஆறுங் கருவிலமைப்பு”

According to this poem, genetic factor are determine the human's life and diseases.

In siddha aspect these disease are called Kanma noigal (fd;k Neha;fs;)

In siddha system many diseases are said to be precipitated by Kanmam which deeds committed by an individual in his previous and the present births. The genetic dispositions of certain diseases are probably the results of Kanmam Vaatha diseases according “Agasthiar Kanmakaandam 300” may also be precipitate by kanmam.

“பகருவேன் மண்டையிலே கரப்பான் கட்கும்
 பகரிய பீனிசங்களிரணத்தோடு
 நிகரில்லா வொரு தலைநோய் மண்டைக்குத்தும்
 நிசமாக வந்த கன்மம் நிசமாய்க் கேளு
 தகரவே காயடித்தலிலை பறித்தல்
 தளர்கொழுந்து தழைமுறித்தல் பட்டைவெட்டல்
 நிகரில்லாப் பூப்பறித்தல் வேர்கொடிகள் வெட்டல்
 நினைவுகெட்டு சீவசெந்து தனையடித்தலாலே”

- Agasthiyar Kanmakandam 300

Which can be manifested by violation of alms by doing harm to insects, creatures and affecting the biodiversity of environment by pollution, trees- cutting etc.

(iv) Immoral activities

Part from food and climate conditions, the disease affect on individual is also based on the immunity.

(v) Suppression of reflexes

In Siddha aspect they are 14 reflexes. Suppression of these reflexes causes diseases.

These reflexes are mentioned below

- | | | |
|--------------------------|---|----------|
| 1. Abana vayu (அபானவாயு) | - | Flatus |
| 2. Thummal (தும்மல்) | - | Sneezing |
| 3. Siruneer (சிறுநீர்) | - | Urine |
| 4. Malam (மலம்) | - | Stools |
| 5. Kottaavi (கொட்டாவி) | - | Yawn |
| 6. Pasi (பசி) | - | Hunger |

7. Thagam (தாகம்)	-	Thirst
8. Erumal (இருமல்)	-	Cough
9. Elaippu (இளைப்பு)	-	Rest
10. Tookkam (தூக்கம்)	-	Sleep
11. Vaanthi (வாந்தி)	-	Vomiting
12. Kaneer (கண்ணீர்)	-	Tears
13. Sukkilam (சுக்கிலம்)	-	Semen
14. Uyirppu (உயிர்ப்பு)	-	Breathing

(iv) Micro organism

Some disease are caused by micro organisms (kirumigal)

“கிருமியால் வந்ததோடம் பெருகவுண்டு
கேட்கிலதன் பிரிவதனைக் கிரமமாக
பொருமிவரும் வாயுவெல்லாங் கிருமியாலே
புழுக்கடிப்போல் காணுமது கிருமியாலே
செருமிவரும் பவுத்திரங்கள் கிருமியாலே
தேகமதில் சோகை குட்டங் கிருமியாலே
துருமிவருஞ் சுரோணிதங் கிருமியாலே
குட்சமுடன் கிரிகைபால் தொழில் செய்வீரே.”

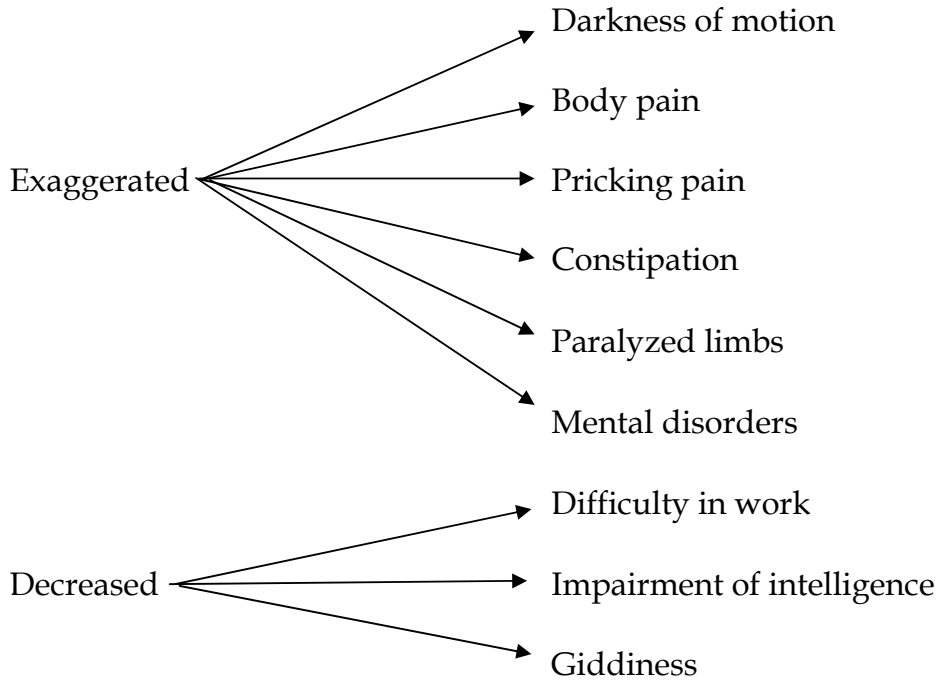
- குருநாடி நூல்

Anaemia, skin disease, venereal disease, urticarial rashes and fistula they are caused by micro organism (Kirumi)

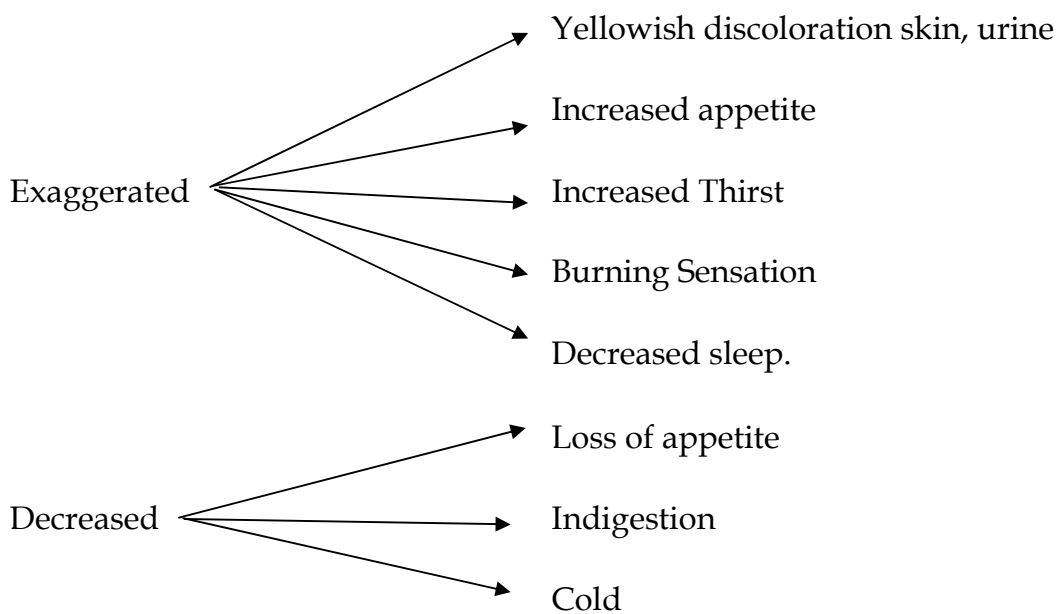
Disease (Alteration in Uyir, Udalthathu)

Alteration in Uyirhathu

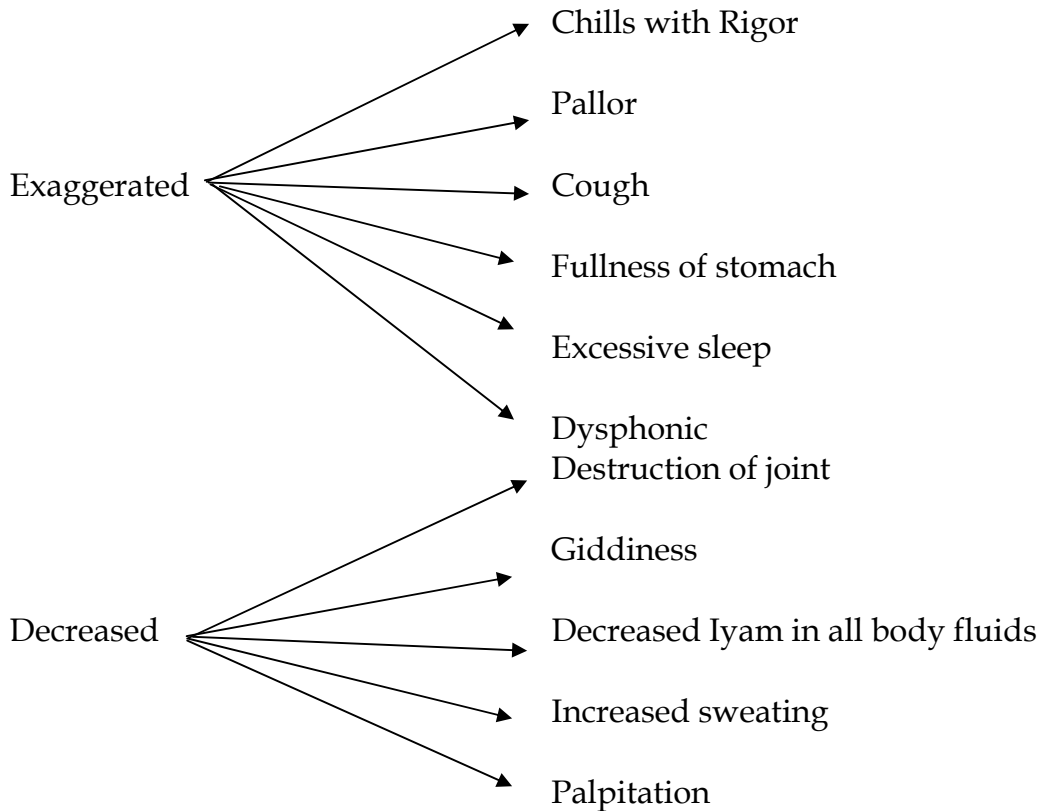
Vali Thodam



Azhal thodam

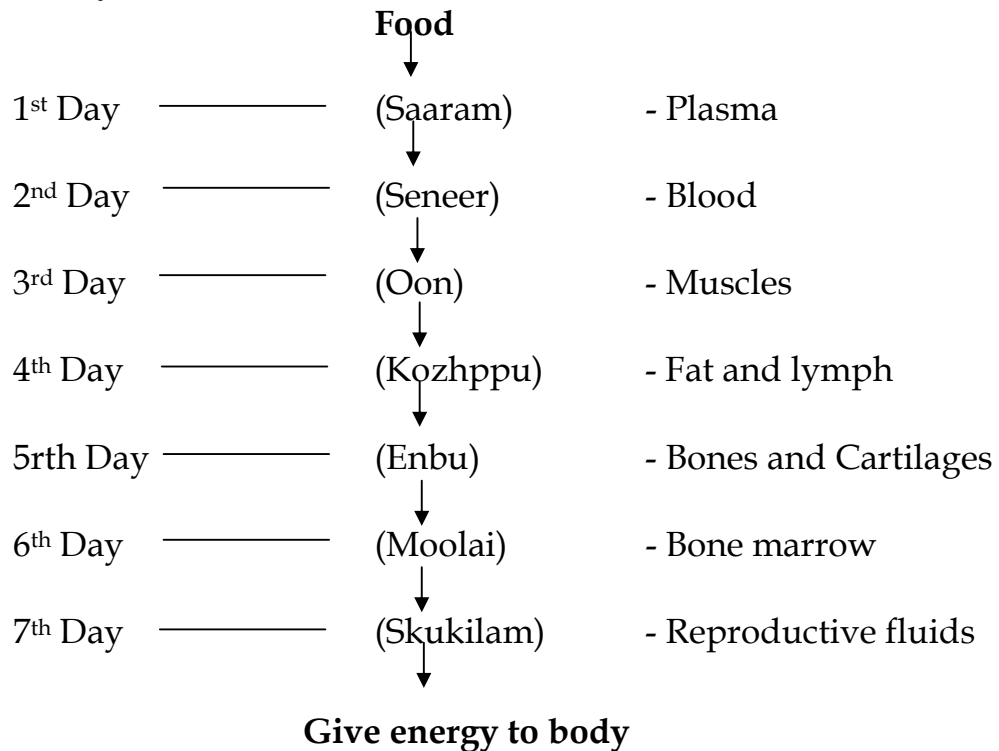


Iyathodam



7 Udalthathukkal

When food enters the body, it enriches Udalthathukkal one by one.



If any causes affect this process, disease will occur.

1. Saaram (Rasa)

It is the essence of digested food, circulating all over the body and gives energy to body.

Increased State

- ❖ Excessive Salivation
- ❖ Sound intolerance
- ❖ Excessive sleep etc.

Decreased State

- ❖ Wasting of muscles
- ❖ Weakness etc.

2. Senneer (Raktha)

It is produced from rasa. It is responsible for substance of life and provides color and complexion to the skin.

Increase state

- ❖ Haemangiomas
- ❖ Spleenomegaly
- ❖ Leprosy
- ❖ Jaundice
- ❖ Nervous weakness
- ❖ Mental disorders
- ❖ Blood dyscrasias
- ❖ Hyper pigmentation

Decreased State

- ❖ Anaemia
- ❖ Dry skin
- ❖ Nervous weakness
- ❖ Desire to intake of sour food

3. Oon (Mamisaam)

Muscular tissues are produced from Rakata

Increased state

- ❖ Tumors
- ❖ Carcinoma
- ❖ Goiter
- ❖ Cyst

Decreased State

- ❖ Wasting
- ❖ Dryness
- ❖ Crackling sound in movement of joints etc

4. Kozhppu

Increased state

- ❖ Associated with mamsa diseases
- ❖ Obesity
- ❖ Hyper cholesteremia

Decreased State

- ❖ Wasting of muscles
- ❖ Decreased stability of joint
- ❖ Lethargy

5. Enbu (Asthi)

Increased State

- ❖ Hyper calcinosis
- ❖ Extra tooth formation
- ❖ Hypertrophy of bone tissue

Decreased State

- ❖ Osteoporosis
- ❖ Rickets

6. Moolai (majjai)

Increased State

- ❖ Bone and joint disorder
- ❖ Ulcers
- ❖ Heaviness of eye and body

Decreased State

- ❖ Demyelination
- ❖ Delusion
- ❖ Giddiness

7. Sukklathathu

Increased State

- ❖ Calculi formation (Urethra)
- ❖ Sexual pervasion

Decreased State

- ❖ Impotency
- ❖ Infertility
- ❖ Weakness

Diagnosis

According to siddha aspect they are 8 stools of diagnosis

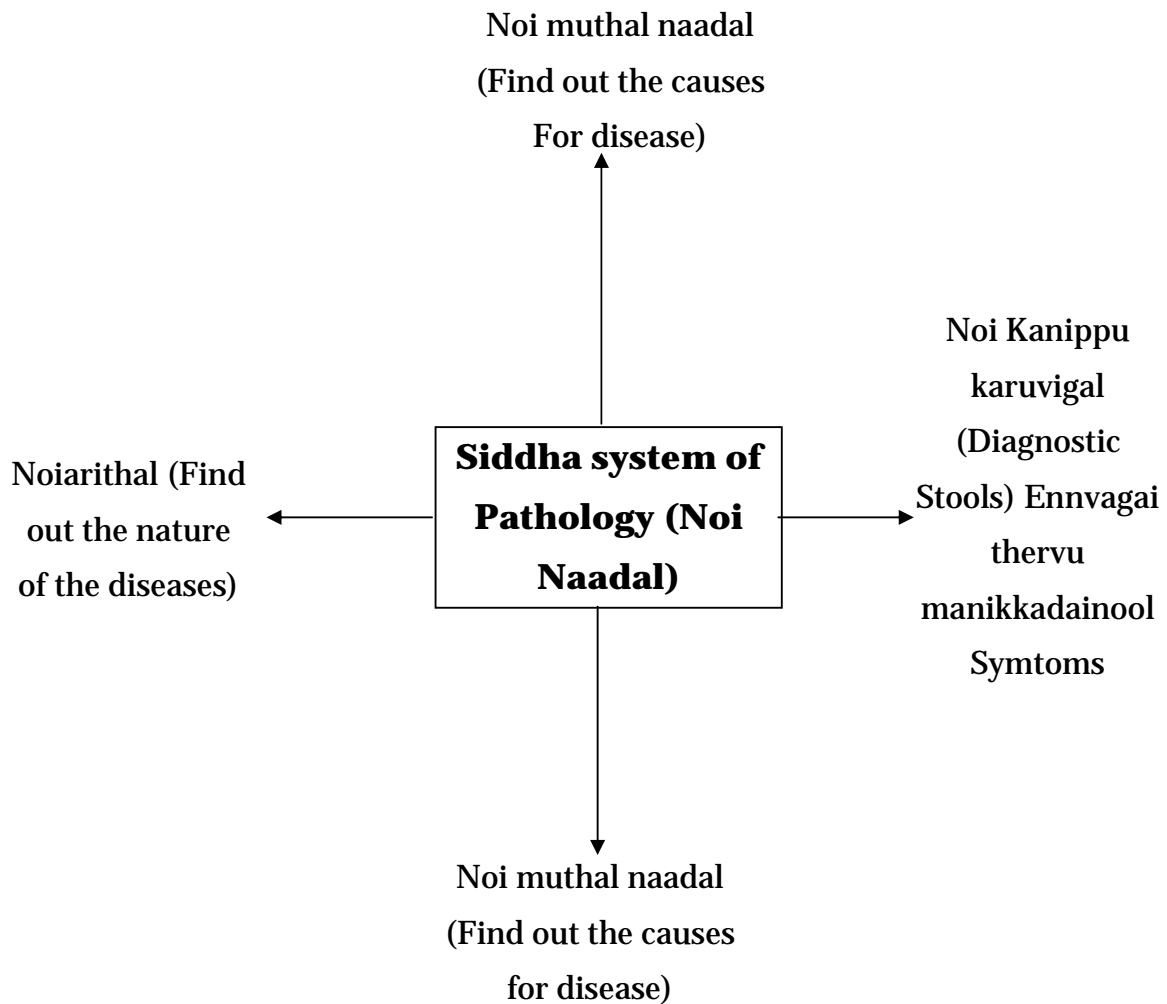
“மெய்குறி நிறத் தொனி விழி நாவிருமலம் கைக்குறி”

	- தேரையர்	
நாடி	-	Pulse
பரிசம்	-	Touch or palpation
நாக்கு	-	Examination of tongue
நிறம்	-	Examination of colour of the skin
மொழி	-	Examination of speech
விழி	-	Examination of eye
மலம்	-	Examination of stools
மூத்திரம்	-	Examination of urine
		Neerkuri
		Neikuri

Other Diagnostic in siddha

நீர்குறி	-	(Examination of urine it includes quantitative and qualitative analysis)
நெய்குறி	-	(Examination of urine by dropping gingelly oil)

In our siddha system of pathology includes.



AIM AND OBJECTIVES

The author had selected the disease Oruthalai Vaatham for dissertation work because in this disease, the patients are disturbed by both functionally and psychologically.

ORUTHALAI VAATHAM

As mentioned in Pararasasekaram

பற்றிய வாதபேதஞ் சிரசினிற் பாதி தன்னில்
உற்றுமே நொந்து பின்னுமுச்சியைப் பிளந்தாப் போலச்
செற்றிடுங் கண்ணிர் பாய்ந்து திருகியே வலிகுத்துண்டாம்
மற்றிது வாதந்தன்னிலொரு தலைநோ வென்பேராம்

- 291, - பரராசசேகரம், எட்டாவது வாதரோக நிதானம்

AIM

The main aim of this study is to evaluate the pathology of the disease oruthalai vaatham with the help of siddha and modern parameters.

To study the disease on the basis of Siddha physiology (Iyarkai thathuvam) and Siddha pathology (Noi-Naadal) emphasizing more importance to Mukkutram, Suvaigal, Panjaboodha theory, Aayul thoda nirnayam, Udal thadhukal and diagnosis the patient, on the basis of Ennvagai thervugal and confirm the prognosis of the disease.

OBJECTIVES

The objectives marked out to aspire the above said words

- ❖ To collect all literary evidences above Oruthalai Vaatham in the topic of its synonyms of definitions, aetiology classifications, signs and symptoms, humoral pathogenesis, fate of the disease from various literature in siddha aspect.
- ❖ To concentrate the clinical course of the disease Oruthalai Vaatham by observing carefully the aetiology, pathogenesis (Mukkutra Verupadu), Clinical feature, diagnosis and prognosis of the disease.
- ❖ To study the details about the incidence of the disease with age, sex occupations, thinai, socio-economic status, habits and prevalence.
- ❖ To pave way for further studies and research in this field.

ELUCIDATION ABOUT ORUTHALAI VAATHAM

According to the as follows yugi vaithaya chinathamani the oruthalai Vaatham has been described

ஒருதலை வாதம்
பகரான வொருதலையைப் பாதி நொந்து
பகழிகொண்டு மௌலிதனை பிளந்தாற்போல்
நிகரான கண்ணுநீர் பாய்ந்து காந்தி
நெடு மூச்சி விட்டுமே நினைத்து துன்பம்
திகரான சடந்தானும் திடுக்குண்டாகித்
சிணுக் கிருமலாகியே பசி காணாது
வகரான வாதமாய் மயிர் கூச்சமாகும்
வாத பேதத் தோர் தலைவலியுமாமே - 355

The meaning of the words in this poem

ஒருதலையின் பாதி	- தலையின் ஒரு பக்கம்	- One side of the Head
பகழி	- *ஆயுதம்	- violent instrument
மௌலி	- தலை, தலைமுடி	- Head
கண்ணுநீர்	- கண்ணீர்	- Lacrimation
காந்தி	- உஷ்ணம், சூர்யகாந்தி, ஒளி, பித்தம், காவிக்கல்	- Burning
நெடுமூச்சிவிட்டுமே	- பெருமூச்சி விடுதல், நிண்டமூச்சி விடுதல்	- Deep expiration
திடுக்குண்டாகி	- திடுக்கிடுதல்	- trembling of the body

சிணுக்கிருமல்	- அற்ற இருமல்,	- Short and frequent
	அடிக்கடி காணும்	feeble cough
	சொற்ப இருமல்	
பசிகாணாது	- பசி இருக்காது	- Loss of appetite
மயிர்கூச்சமாகும்	- மயிர் சிலிர்த்தல்	- Horripillation

T.V.Sambasivam Pillai Dictionary – T.V.Sambasivam Pillai
*Tamil Mazhiagarathi Dictionary - Kathiraiverpillai

பகரான வொருதலையைப் பாதி நொந்து
தலையின் ஒரு பக்கத்தில் வலிஇருத்தல்

❖ Pain present one side of the Head

பகழிகொண்டு மௌலிதனை பிளந்தாற்போல்
ஆயுதம்கொண்டு தலையை பிளந்தாற்போல்

❖ Stabbing pain due to beating the Head by any
violence instruments

நிகரான கண்ணுநீர் பாய்ந்து காந்தி
கண்ணீல் நீர் பாய்ந்து உஷ்ணம்மாகயிருதல்

❖ Lacrimation, burning sensation of the eye

நெடு மூச்சி விட்டுமே நினைத்து துன்பம்
பெருமூச்சு விட்டுவிடும்

❖ Deep expiration

திகரான சடந்தானும் திடுக்குண்டாகித்
உடம்பு திடுக்கிடும்

❖ Trembling of the body due to fear

சிணுக் கிருமலாகியே பசி காணாது

அடிக்கடி காணும் சொற்ப இருமல்

❖ Short and frequent feeble cough, loss of appetite.

வகரான வாதமாய் மயிர் கூச்சமாகும்

மயிர்சிலிர்த்தல்

❖ Horripillation

வாத பேதத் தோர் தலைவலியுமாமே

இத்தகைய குறிகுணங்களைக் கொண்டது ஒரு தலை வாதம் ஆகும்

Meaning of the poems lines

- One sided head ache
- Stabbing pain due to beating the head by any violence instruments
- Lacrimation.
- Burning Sensation of the Eye
- Deep expiration
- Trembling of the body due to fear
- Short and frequent feeble cough
- Lose of appetite
- Horripillation

REVIEW OF LITERATURE

In Yugi Vaidhya Sinthamani mentioned as Oruthlai Vaatham in Vaatha disease.

Oruthalai vaatham denotes one side head ache, stabbing pain, lacrimation, burning sensation of the Eye, deep expiration, trembling of the body due to fear, short and frequent feeble cough, lose of appetite, horripillation.

Others siddhars also explained this disease in various heading they are :

- ❖ Oruthalai Vatham - Parasa Sasekaram
- ❖ Oruthalai Novu - Theraiyar vagadam
- ❖ Arthabetharogam - Ruga nirnaya saram roga
nidhanam
- ❖ Arhabetharogam - Jeevarakshamirtham
- ❖ Kabala Vayu - Dhanvanthri vaidhyam

ORUTHALAI VATHAM :

As mentioned in Parasa Sasekaram

“பற்றிய வாதபேதஞ் சிரசினிற் பாதி தன்னில்
உற்றுமே நொந்து பின்னுமுச்சியைப் பிளாந்தாப்போலச்
செற்றிடுங் கண்ணீர் பாய்ந்து திருகியே வலிகுத்துண்டாம்
மற்றிது வாதத்தன்னிலொரு தலை நோவென்பேராம்”

- 291- பரராசசேகரம்

எட்டாவது வாதரோக நிதானம்

வாதமானது சிரசினைப் பற்றி சிரசின் பாதி நொந்த பின் உச்சியை

பிளந்தாற்போல் வலித்து, கண்ணீர் பாய்ந்து குத்துவலியுண்டாகும்

ORUTHALAI NOVU :

As mentioned in Theraiyar vagadam.

பெருகிய கழுத்துப் பிராண தாரையில்
மருவி வியாதியை வகையுறச் சொல்லுவேன்
உச்சியில் வாதம் "ஒரு தலை நோவு"
உச்சியில் பொடுகு முதிர்ந்திடு சூலை
சூரியவாதம் கழற்புழுவெட்டு
பரியகடிவக பக்கமற் கடிவகம்
சந்திரரோகம் தலையழி சூலை

.....
.....

நாவின் புற்று நாவில் விப்புருதி
கழுத்தின் சுற்றியதோர் கண்டமாலை
மற்றும் வியாதிவர்க்கம் பலப்பல

ARTHABETHAROGAM

As mentioned in ruga nirnaya saram roga nidhanam

The pain the one side of the head, with affection of the eye (or)
ear of the that's side.

- Ruga nirnaya saram roga nidhanam

ARHABETHAROGAM

As mentioned in jeevarakshamirtham

Pain occur in one side of the head and character similar to the vadha sirasa rogam. Pain increase once in 15 days (or) once in 30 days and subside by itself eye (or) ear affected on the side in which rogam increases. This is called oruthali novu (or) Arhabetharogam.

- Jeevarakshamirtham.

KABALA VAYU

As mentioned in Dhanvanthri Vaidhyam

சேரு நரம்புமோர் புறத்திற்றிருந்து வாயுவது பொருந்தித்

சாறுங் கபாலத்தோர் புறத்தைத் தளரயிடித்து மிக வலிக்குஞ்

சோறு மயக்கஞ் கண் மயக்குஞ் சுரமுங் குளிருமுண்டாகும்

பாருங் கபால பாரிசத்திற்றிருக்கும் வாயுவலி யாகும்

- தன்வந்திரி வைத்தியம், கபால ரோக நிதானம்

Pain in one side of the head due to presence vatha in that side.

Pain in stabbing nature.

DETAILED PATHOLOGICAL VIEW OF DISSERTATION TOPIC ORUTHALAI VAATHAM

SYNONYM

ஒரு தலையின் வர்த்தம் (Oruthalaiyin Vartham)

ஒரு தலை வாதம் (Oruthalai Vatham)

ஒரு தவல வாதம் (Oruthavala Vatham)

ஒரு தவல நோய் (Oruthavala Noi)

ஒரு தவல வலி (Oruthavala Vali)

ஒற்றைத்தலை வலி (Ottrai thalai vali)

ஒரு தலை நோவு (Ottrai thalai novu)

அர்த்த பேத ரோகம் (Arthabetha rogam)

சூரிய வர்த்த வாதம் (Suryavardha Vatham)

கபால வாயு (Kabala Vayu)

Iyal (Definition)

OTTRAI THALAI VALI

முகத்தின் ஒரு பக்கத்தில் புருவத்திற்கும், நெற்றிக்கும் போகும் நரம்புகள் கோளாறடைவதனால் ஏற்படும் தலைநோய். எப்பாகத்தில் அதிகரிக்கிறதோ அப்பாகத்து கண்ணாவது கெடும் (or) காதாவது செவிடாகும்.

HEMICARNIA:

Pain (or) aching on one side of the head due to the affection of one side of the facial nerves passing through the eye brow or the forehead. The eye (or) the ear on the side will be impaired (or) otherwise affected.

- T.V.Sambasivam Pillai Dictionary Vol 1

He also mentioned this disease on Ottrai Thavala Noi and Oruthavala Vatham.

OTTRAI THAVALA NOI

ஒரு தலைவலி - Headache on one side

நரம்புவலி - Neuralgia – Migranious Neuralgia

ORUTHAVAL VATHAM

ஒரு + தவல + வாதம் = ஒரு + தலை + வாதநோய்

தலைக்குள்ளாக வாதமேற்பட்டு சமித்திய வலியைபோல் நரம்பிழுத்து தலையின் ஒரு பக்கமாக வலித்து அத்துடன் அருவருப்பு, வாந்தி இவைகளுடன் கண்ணில் வலியையும் குடைச்சலையு முண்டாக்கும் ஒருநோய்.

MIGRINNOUS NEURALGIA

A nervous affections marked by periodic headache often one sided and accompanied by nausea, vomiting and various sensory disturbances.

- T.V.Sambasivam Pillai Dictinonary Vol.I

CLASSIFICATION

In Yugi classification they are 10 types of Head-disease. They are mentioned below

“சீறியதோர் வாதத்தின் தலை நோக்காடு
பூணவே பித்தத்தின் தலை நோக்காடு
புகழான சிலேட்டுமத் தின்றலை நோக்காடு
காணவே சன்னிவாதத் தின்றலை நோக்காடு
தருரத்த பித்தத்தினிறலை நோக்காடே
நோக்கான கிருமிகந்தலை நோக்காடே
நூதற் சூரியாவர்த்தமொரு சந்திரா வர்த்தம்
ஊக்கான கர்னாவாதந்தன் னோடு
ஒரு தலையின் வர்த்த வாதமுமே யாகும்”

AETIOLOGY

According to Yugi Vaithya Chinthamani, aetiology for vatha disease including “Oruthalai Vaatham” are described as follows.

“என்னவே வாதந்தானெண்பதாகும்
மிகத்திலே மனிதர்களுக்கெய்துமாறு
பின்னவே பொன்தனையே சோரஞ்செய்து
பெரியோர்கள் பிராமணரைத் தூஷணித்தும்
வன்னவேச் சொத்திற்சோரஞ்செய்து
மாதாபிதா குருவை மறந்தபேர்க்கும்
கன்னவே வேதத்தை நிந்தை செய்தபேர்க்குங்
காயத்திற்கலந்திடுமே வாதந்தானே”

“தானென்ற கசப்போடு துவர்ப்புரைப்பு
சாதகமாய் மிஞ்சுகினுஞ் சமைத்தவண்ணம்
ஆனென்ற வாறினது பொசித்தலாலும்
ஆகாயத் தேறலது குடித்தலாலும்
பானென்ற பகலுறக்க மிராவிழிப்பு
பட்டினியே மிகவுறுதல் பாரமெய்தல்
தேனென்ற மொழியாற் மேற்சிந்தையாகில்
சீக்கிரமாய் வாதமது செனிக்குந்தானே”

“.....
ஆணானவரன்றையே மதியாமாந்தர்
அகதிபரதேசியர்கட் கன்னமீயார்
கோனான குருமொழியை மறந்தபேர்கள்
கொலைகளவுபொய் காமங்குறித்தபேர்க்கு
ஊனான சபந்தன்னில் வாதம் வந்து
உற்பவிக்கும் வேத்தினுண்மை தானே”

- யுகி வைத்தியசிந்தாமணி

Breach of trust, abusing the holyman and ritulists, exploiting the properties of charities, ingratitude towards mother, father and teacher and abusing holy spirits causes vatha disease.

By excess intake of bitter, sour, pungent and astringent tastes, ragi, varagu, thinai etc. sleeping during day time, not sleeping in the night, over intake of food or starvation, excess intercourse, proudness, anger, depression, exposure to cold air, over intake of ghee, over riding on elephant and horses etc. chronic constipation, hiccough, vomiting causes vatha disease.

MANIFESTATIONS ACCORDING TO TRIDOSHA :

InVali :

In “Oruthalai Vaatham: the following classifications of vali are affected

- | | | |
|---------------|---|-------------------------|
| ❖ Praanan | - | Loss of appetite |
| ❖ Abanan | - | Constipation |
| ❖ Udhaanana | - | Vomiting |
| ❖ Viyaanan | - | Headache |
| ❖ Samaanan | - | Loss of appetite |
| ❖ Naagan | - | Horripillation |
| ❖ Koorman | - | Lacrimation |
| ❖ Kirugaran | - | Nasal congestion, Cough |
| ❖ Devathathan | - | Sluggishness. |

In Azhal :

In “Oruthalai Vaatham” the following are affected

- ❖ Anarpitham - Loss of appetite.
- ❖ Sadhagapitham - Difficult in doing routine work.
- ❖ Aalosagampitham - Blurring of vision.

In Iyam :

In “Oruthalai Vaatham” the following are affected

- ❖ Kilethagam - Loss of appetite
- ❖ Tharpagam - Burning sensation of the eye.
- ❖ Santhigam - Difficult in movements of joint

In Udal Kattugal :

❖ **Saaram :**

Loss of appetite.

❖ **Seneer :**

Loss of appetite

❖ **Oon :**

Sense organs affected

❖ **Kozhuppu**

Dizziness

❖ **Enbu :**

Hair falling

❖ **Moolai :**

Blurring vision

❖ **Sukkilam / Suronitham :**

No obvious change is noticeable

THEORETICAL VIEW OF DISSERTATION TOPIC

ANATOMY

HYPOTHALAMUS:-

- ❖ The hypothalamus is a part of the diencephalons. It lies in the floor an lateral wall of the third ventricle.
- ❖ Matomically it includes (1) The floor of the third ventricle
(2) Lateral wall of the third ventricle
below the Hypothalamic sulcus.

Boundaries:

The hypothalamus is bounded anteriorly by the posterior perforated substance and on each side by the optic tract and crus cerebri.

Sagittal section of the brain it is bounded anteriorly by the Lamina terminalis inferiorly by the floor of the third ventricle and postero superiorly by the hypothalamic sulcus.

Part of the Hypothalamus.

The hypothalamus is subdivided into optic, tuberal and mamillary parts the nuclei present in each part are as follows:-

Optic part:-

- (1) Supraoptic nucleus above the optic chiasma.
- (2) Paraventricular nucleus just above the supra optic nucleus.

Tuberal parts: -

- (3) Ventromedial nucleus
- (4) Dorso medial nucleus
- (5) Tuberal nucleus, Lateral to the ventromedial nucleus

Mamillary part:

- (6) Posterior nucleus, caudal to the ventromedial and dorsomedial nuclei.
- (7) Lateral nucleus, lateral to the posterior nucleus.

Important connection:-**Afferents:-**

The hypothalamus receives visceral sensation through the spinal cord and brain stem. It is also connected to several centers connected with olfactory pathways including with the cerebellum and with the retina.

Efferents: -

- (1) Supraopticohypophyseal tract from the optic nuclei to the pars posterior, the pars tuberalis and the pars intermedia of the hypothysis cerebri.
- (2) Mamillothalamic tract
- (3) Mamilliotegmental tract.

ARTERIAL SUPPLY OF THE CEREBROM

The arteries supplying brain are the internal carotid and vertebral arteries and their branches.

Cerebral part of the internal carotid artery and its branches

- (1) Ophthalmic artery (Which supplies the orbit)
- (2) Anterior cerebral artery
- (3) Middle cerebral artery

It also gives of two smaller branches

- Posterior communicating artery
- Anterior choroidal artery

Cranial part of vertebral Artery:-

The vertebral artery gives the following branching.

- (1) Meningeal
- (2) Anterior spinal
- (3) Posterior spinal
- (4) Posterior inferior cerebellar
- (5) Medullary

Basilar artery and its branches

It is formed by union at right and left vertebral artery

- Branches :**
- (1) Pontine
 - (2) Labyrinthine
 - (3) Anterior inferior cerebellar
 - (4) Superior cerebellar
 - (5) Posterior cerebral

PHYSIOLOGY

Hypothalamus is a diencephalic structure. It is situated just below thalamus in the ventral part of diencephalon.

❖ It extends from optic chiasma to mamillary body.

➤ **Nuclei of Hypothalamus**

The nuclei of hypothalamus are divided into three groups

- (1) Anterior (or) Preoptic group
- (2) Middle (or) tuberal group
- (3) Posterior (or) mamillary group

Anterior group : - Preoptic nucleus

Paraventricular nucleus

Anterior nucleus

Supraoptic nucleus.

Middle group : - Dorsomedial nucleus

Ventromedial

Lateral nucleus

Arcuate nucleus

Posterior group : -Posterior nucleus

Mamillary body

CONNECTIONS OF HYPOTHALAMUS

AFFERENT CONNECTIONS TO HYPOTHALAMUS

- (1) Medial forebrain bundle : - From rhinencephalon to preoptic nucleus, Lateral nucleus and mamillary body.
- (2) Fornix : - From hippocampus to mamillary body
- (3) Striaterminalis : - From amygdaloid to preoptic nucleus
- (4) Corticohypothalamus fibers: - From pre frontal area and precentral area of cerebral cortex to the supra optic and paraventricular nuclei of hypothalamus.
- (5) Thalamohypothalamic fibers:- Dorsomedial and midline nuclei of thalamus to diffused areas of hypothalamus.
- (6) Fibers from reticular formation of brain stem diffused areas of hypothalamus.
- (7) Fibers from retina to supraoptic and ventromedial nuclei of hypothalamus.

EFFERENT CONNECTIONS FROM HYPOTHALAMUS

- (1) Mamillothalamic tract : From mamillary body to anterior Thalamic nuclei
- (2) Mamillotegmental tract : From mamillary body to the tegmental nuclei of midbrain.
- (3) Periventricular fibers : - Fibers from posterior supraoptic and tuberal nuclei of hypothalamus pass through periventricular gray matter and reach the following:-
 - ❖ Reticular formation in brain stem and spinal cord.
 - ❖ Dorsomedial nucleus of thalamus.
 - ❖ Frontal lobe of cerebral cortex.

Function of hypothalamus:-

Hypothalamus is the important part of the brain concerned with homeostasis of the body.

- ❖ It regulates many vital function of the body like endocrine function, visceral function of the body like endocrine function, visceral function, metabolic activities, hunger, thirst, sleep, wakefulness, emotion, sexual function.

(1) Secretion of posterior pituitary hormones.

Antidiuretic hormone and oxytocin are secreted by supraoptic and paraventricular nuclei.

(2) Control of anterior Pituitary.

Hypothalamus controls the anterior pituitary gland by secreting releasing hormones and inhibitory hormones.

(3) Control of Adrenal Cortex.

Corticotrophic releasing hormone which is secreted by the para ventricular nucleus of the hypothalamus.

(4) Control of Adrenal Medulla.

Dorsomedial and posterior hypothalamic nuclei are excited by emotional stimuli.

(5) Regulation of Autonomic Nervous system

The sympathetic division of ANS is regulated by posterior and lateral nuclei of hypothalamus.

(6) Regulation of Heart Rate

Posterior and Lateral nuclei of hypothalamus increase the heart rate.

Stimulation of preoptic nucleus in anterior group decrease the heart rate.

(7) Regulation of Blood Pressure

Stimulation of posterior and lateral hypothalamic nuclei increased arterial blood pressure and stimulation of preoptic area decreased the blood pressure.

(8) Regulation of body temperature

Hypothalamus has two centre which regulate the body temperatures

- ❖ Heat loss centre that is situated in anterior hypothalamus.
- ❖ Heat gain center that is situated in posterior hypothalamus.

(9) Regulation of Food in take

- (i) Feeding Centre – Lateral hypothalamic nucleus.
- (ii) Satiety center – ventromedial nucleus of the hypothalamus.

(10) Regulation of water balance

- (i) Thirst Mechanism – Lateral nucleus of hypothalamus
- (ii) ADH Mechanism

(11) Regulation of Sleep and Wakefulness

Lesion of mamillary body leads to sleep.

Stimulation mamillary body causes wakefulness.

(12) Role in behaviour and emotional changes

The two centers in hypothalamus involved in the behaviour and emotional changes.

- (1) Reward centre – Electrical stimulation of Medial fore brain bundle and ventromedial nucleus.

(2) Punishment centre : Electrical stimulation of posterior and lateral nuclei of hypothalamus leads to pain, fears, defense.

(13) Regulations of sexual function

In human being also hypothalamus regulates the sexual function by secreting gonadotropin releasing hormones.

Regulation of Response to Smell

Posterior hypothalamus along with other structure like hippocampus and brain stem nuclei is responsible for the autonomic response of body to olfactory stimuli.

(14) Role in Circadian Rhythm

Circadian rhythm is the regular recurrence of physiological processes which occur in cycles of 24 hours.

- ❖ The circadian rhythm occurs in response to recurring day light and darkness. The cyclic changes taking place in various physiological processes are set by means of a hypothetical internal clock that is often called **biological clock**.
- ❖ The **supraoptic** and **anterior nuclei** of hypothalamus play an important role in setting the biological clock.

CEREBRAL CIRCULATION

Brain tissues need adequate blood supply continuously. Stoppage of blood flow for 5 seconds leads to unconscious and for 5 minutes leads to irreversible damage to the brain cells.

Cerebral vessels and normal cerebral blood flow

Brain receives blood from the basilar artery and internal carotid artery.

The branches from these arteries form **circle of Willis**.

The venous drainage is by sinuses which open into internal jugular vein.

- ❖ Normally brain receives 750 to 800 ml of blood per minute.
- ❖ It is about 15 to 16% of total cardiac output and about 50 to 55 ml / 100grams of brain tissue per minute.

Measurement of cerebral blood flow.

1. By Kety Method.
2. By using Radioactive substances.
3. By Computerized Axial Tomography (CAT) .
4. By Positron Emission tomography (PET)
5. By Magnetic Resonance Imaging (MRI)

Regulation of cerebral Blood flow

Cerebral circulation is regulated by three types of factors

- (1) Auto regulation
- (2) Chemical factors
- (3) Neural factors

(1) Auto regulation :-

Any other vital organ brain also regulates its own blood flow by means of auto regulation.

- (1) Effective perfusion pressure.
- (2) Cerebral vascular resistance.

Cerebral blood flow is directly proportional to the balance between effective perfusion pressure and the vascular resistance.

(2) Chemical Factors

The chemical factors which increase the cerebral blood flow are

- (1) Decreased oxygen tension.
- (2) Increased carbondioxide tension.
- (3) Increased hydrogen ion concentration.

(3) Nervous factors:

The blood vessels of brain are supplied by sympathetic vaso constrictor fibres. But these fibers do not play any role in regulating cerebral blood flow under normal conditions.

In pathological conditions like hypertensions, the sympathetic nerves cause construction of cerebral blood vessels leading to reduction in blood. It prevents cerebral vascular hemorrhage and cerebral stroke.

MODERN ASPECT

Cluster headache is a neurological disease that involves as its most prominent feature an immense degree of pain.

Synonyms

Migrainous neuralgia

Histamine cephalagia

Histamine headache

Reader's syndrome

Incidence

Cluster headache can affect people of any age but are most common between adolescence and middle age.

Onset is generally between the age of 20 – 50.

Aetiology

- ❖ No specific cause has been found for the disorder.
- ❖ Some people who experience Cluster headache are heavy smokers.
- ❖ Alcohol provokes attacks in about 70% of patients certain foods, Emotional factors (Stress), Tobacco chewing precipitate the pain.
- ❖ Men are affected seven to eight times more than women.
- ❖ Hereditary factors are usually absent.

Types :

- 1) Episode cluster Headache.
- 2) Chronic Cluster Headache.

Episode Cluster Headache

Episode cluster Headache is characterised by cluster periods of 7 days to 1 year with periods of remission of more than 14 days upto months or years and occasional minibouts.

Chronic Cluster Headache

Chronic cluster headache is characterised by absence of remission for year or short remission of less than 14 days, increased frequently of attacks, and relative resistance to pharmacotherapy.

Patho Physiology of Cluster Headache

Although a unifying pathophysiology explained of cluster headache is not yet available.

Any attempt to understand this syndrome must taken into account the three cardinal feature of the disorder – pain – periodicity – autonomic features.

To recognize the significance a basic under standing of the neurovascular anatomy is essential. Cephalic pain is relayed to the central nervous system through nociceptive ophthalmic branches of the trigeminal nerves which innervates pain – sensitive intracranial structural such as duramater and dural blood vessels.

When the trigemenial nerves, fibers activated

↓ releases

Substance P

Calcitonin generated peptide (Trigeminal vascular (CGRP) neuropeptides)

↓ produce

neurogenic inflammation

Dilation of dural blood vessels.

Activation of the trigeminal vascular system in cluster headache has been corroborated by evidence demonstrating markedly elevated blood level of CGRP in the external jugular vein.

A number of observation have indicated vasodilation of the ophthalmic artery during cluster headache attack. These include tonometry, corneal indentation, pulse amplitude studies and the thermography showing focal **hyperthermia**. Doppler studies showing decreased **velocities**.

Pathogenesis

- **Hypothalamus** may be the site of activation in this disorder.
- **The posterior hypothalamus** contains cells that regulate **autonomic functions**, and the **anterior hypothalamus** contains cells that constitute the principal **circadian pacemaker** in mammals.
- Activation of both is necessary to explain the symptoms of migrainous neuralgia
- No consistent blood flow changes accompany attacks of pain.
- There is little genetic predisposition.
- It can be concluded tentatively that both migraine and cluster headache result from abnormal **Serotonergic neurotransmission**.

Hypothalamus Dysfunction in Cluster Headache

One study of patients with chronic cluster headache use PET imaging during acute nitroglycerin induced cluster headache attacks and found marked activation in the hypothalamic gray an area specific for cluster headache.

This activation pattern has not been observed in migraine

Another study that also supports the idea of involvements of hypothalamic area in cluster headache pathogenesis provides for the tantalizing evidence that primary headache disorders may be associated with abnormal brain structure as well as functions.

Voxel based morphometric, MR imaging an objective and automated method of analyzing changes in brain structure was used to study the brain structure of patients with cluster headache

A significant structural difference was found in the hypothalamic grey compared with controls.

The remarkable circadian, circannual and seasonal rhythmicity of cluster headache suggests periodic disturbance and hypothalamic activity.

Have found abnormal pituitary activity hormone levels during cluster periods indicating altered secretory hypothalamic rhythms in these patients.

Most of these rhythms return to normal during periods of cluster headache remission hormonal abnormalities in cluster headache are associated with disorder of hypothalamic functions.

Circadian and circannual rhythmicity including the sleep wake cycle is under the control of the suprachiasmatic nucleus, located in the periventricular group of hypothalamic neurons.

SCN also regulates secretion of melatonin by the pineal gland

Dysfunction of hypothalamic nucleus may explain the rhythmic periodicity of cluster headache.

Peak incidence of cluster headache occurs around changing of the clock for day light savings and standard time, predilection of attacks to occurs during sleep and alteration in secretory circadian hormones rhythms including melatonine.

Cerebral Blood Flow Alterations

Dilatation of the extra cerebral arteries appears to be common to both migraine and cluster head-ache

Enhanceal pulsation of the intraocular vascular bet occurs during the cluster attacks but not during migraine attacks. Underlining the involvement of the internal carotid artery and its branching in the cluster headache syndrome.

Evidence that part of the pain of cluster headache is derived from dilatation of intracranial branches of the internal carotid artery stems from the observation, that pain may be relieved in some patients by the intrathecal injection of saline, which will increase the cerebrospinal fluid pressure to 700mm H₂O.

The increase in extracranial blood flow and increased temporal artery pulsations that attended individual attacks usually followed by the onset of pain in affected area which led them to a primary neural discharge.

Clinical features

➤ **Headache**

- Begins suddenly
- Characteristically occurs on oneside of the head.
- May occur in and around one eye (periorbital)
- May involve oneside of the face from neck to temples
- Pain quickly gets worse, peaking within 10 to 15 minutes
- Attacks last from 30 minutes to 40 minutes.
- Pain is often excruciating in intensity and is deep, non fluctuating, stabbing and explosive in Quality.

➤ **Homolateral lacrimation.**

➤ **Reddening of the eye.**

➤ **Nasal stiffness** typically occurs on only one side of the nose, the same side as the headache.

➤ **Nausea or Vomiting.**

➤ **Lidptosis.**

➤ **Swelling around the eyes** usually one eye, on the same side as the headache.

➤ **Red, flushed eye.**

EVALUATION OF DISSERTATION TOPIC

Materials and methods

The clinical study on oruthalai vaatham was carried out Post Graduate department of Noi Naadal branch.

Case selection and supervision

The following 10 cases selection and supervision was done in Dr.Alagesan Neuro Centre, G.K.Hospital Madurai. According to the finding of Ennvagaithervu on oruthalai vaatham as mentioned by Yugi vaithiya chinthamani.

The patients are carefully examined systematically under the supervision of the professor and other staffs of post graduate Noi Naadal department.

The detailed history of the patients and past illness and family history were observed. Typical pictures of 10 cases was evaluated under the siddha and modern parameters.

Evaluation of the clinical parameters

- ❖ The detailed history and clinical features of the patients were taken carefully.
- ❖ The clinical history.
- ❖ Detail history of present and past illness.
- ❖ Personal family history

Clinical features of Oruthalai vaatham

- ❖ One side head ache
- ❖ Stabbing pain
- ❖ Lacrimation
- ❖ Burning Sensation of the Eye
- ❖ Deep expiration
- ❖ Trembling of the body due to fear
- ❖ Short and frequent feeble cough
- ❖ Loss of appetite
- ❖ Horripillation

Study the siddha clinical diagnoses modes of investigations are

1. Poriyal arithal
2. Pulanal arithal
3. Vinathal
4. Mukkutra nilaigal
5. Udal kattukal
6. Envagai thervugal (Including Neerkuri, Neikuri)
7. Manikkadai nool

The clinical investigations

For further detailed study about the disease of the following laboratory investigation was done in all cases.

1. Total count – WBC, RBC
2. Differential count
3. Haemoglobin
4. Erythrocyte Sedimentation Rate

Bio Chemical

Blood Urea

Blood Sugar

Urine

Albumin

Sugar

Deposits

Motion

Ova

Cyst

Other test

C.T- Brain

EEG

OBSERVATIONS AND RESULTS

Results are observed with respect to the following aspects

1. Age reference
2. Sex reference
3. Family history
4. Habits history
5. Mukkutrani
6. Udal Thathukkal
7. Envagai Thervugal
8. Clinical features
9. Laboratory findings

1. Age reference

Age	No of cases	Percentage
Up to 20	2	20%
20 – 40	6	60%
40 – 60	2	20%

Out of 10 cases, 6 cases affected in the age groups 20 – 40 years

2. Sex reference

Sex	No of cases	Percentage
Male	8	80%
Female	2	20%

Out of 10 cases, 8 cases are male.

3. Family history

Family history	No of cases	Percentage
Positive family history	2	20%
Negative family history	8	80%

Out of 10 cases, 8 cases not related to the family history

4. Habits history

Habits history	No of cases	Percentage
Alcohol	6	60%
Smoking	4	40%
Betelnut chewer	2	20%

Out of 10 cases, 6 cases are alcohol abuser.

5. Mukkutranilai

Derangement of vali

Table 1

S.No	Types of Vadham	No of cases affected	Changes	Percentage
1	Pranan	10	Loss of appetite	100%
2	Abanan	10	Constipation	100%
3	Viyanan	4	Headache	100%
4	Uthanan	6	Nausea, Vomiting	60%
5	Samanan	10	Loss of appetite	100%
6	Nagan	10	Horripillation	100%
7	Koorman	10	Lacrimation	100%
8	Kirukaran	10	Nasal conjection	100%
9	Devathathan	10	Sluggishness	100%
10	Denanjeyan	-	-	-

Out of 10 cases, All the patients affected all the vathas.

Derangement of Azhal

Table 2

S.No	Types of Azhal	No of cases affected	Changes	Percentage
1	Anar pitham	10	Loss of appetite	100%
2	Sadhagapitham	10	Difficulty in doing routine work	100%
3	Aalosagapitham	8	Blurring of vision	80%

100% of patients affected in Anar pitham and Sadhagapitham

80% of patients affected in Aalosagampitham.

Derangement of Iyam

Table 3

S.No	Types of Iyam	No of cases affected	Changes	Percentage
1	Kilethagam	10	Loss of appetite	100%
2	Tharpagam	10	Burning sensation of eye	100%
3	Santhigam	10	Difficulty in movements of joints due to swelling	100%

All the patients affected in the Kilethagam, Tharpagam and Santhigam

6. Udal Thathukkal

S.No	Udal Thathukkal	No of cases	Changes	Percentage
1	Saaram	10	Loss of appetite	100%
2	Senneer	10	Loss of appetite	100%
3	Oon	10	Sense organs affected	100%
4	Kozhuppu	10	Dizziness	100%
5	Enbu	8	Hair falling	80%
6	Moolai	8	Blurring vision	80%
7	Sukkilam / Suronitham	-	-	

All the patients affected in all the udal thathukkal except
sukilam/ suronitham.

7. Envagai thervugal

Table 1

Cases No	Naadi	Sparisam	Naa	Niram	Mozhi	Vizhi	Malam	Moothiram
1	VK	A	A	NA	NA	A	A	NA
2	VK	A	A	NA	NA	A	A	NA
3	VK	A	A	NA	NA	A	NA	NA
4	KV	A	NA	NA	NA	A	NA	NA
5	KV	A	NA	NA	NA	A	A	NA
6	VK	A	NA	NA	NA	A	NA	NA
7	VK	A	NA	NA	NA	A	NA	NA
8	KV	A	NA	NA	NA	A	NA	NA
9	VK	A	A	NA	NA	A	NA	NA
10	VK	A	A	NA	NA	A	NA	NA

NA – Not Affected
PV – Pitha Vaatham

A – Affected
KV – Kabha Vaatham

VP – Vaatha pitham

Envagai thervugal

Table 2

No	No of cases	Percentage
Naadi	Vaatha Kabam 7	70%
	Kaba Vaatham 3	30%
Sparisam	10	100%
Naa	5	50%
Niram	-	-
Mozhi	-	-
Vizhi	10	100%
Malam	3	30%
Moothiram	-	-

8. Clinical Features

S.No	Clinical Features	No of cases	Percentage
1	One side head ache	10	100%
2	Lancinating pain	10	100%
3	Lacrimation	10	100%
4	Burning Sensation of the Eye	10	100%
5	Deep expiration	6	60%
6	Trembling of the body due to fear	6	60%
7	Short and frequent feeble cough	10	100%
8	Lose of appetite	10	100%
9	Horripillation	10	100%

9. Lab report

Sl.No	TC Cells cu.mm	Haematological Report					Hb mg%	Bio Chemical		Urine Analysis			Stools Examination	CT Scan Brain	EEG
		DC %			ESR										
		P %	L %	E %	½ hr mm	1hr mm		Sugar mgs%	Urea mgs %	Alb	Sug	Dep	Ova / Cyst		
1	9200	60	32	4	2	4	14	120	25	Nil	Nil	NA D	Nil	Norma l	Normal
2	7000	55	40	2	2	8	12	120	25	Nil	Nil	NA D	Nil	Norma l	Normal
3	8800	58	38	4	2	4	14	110	23	Nil	Nil	NA D	Nil	Norma l	Normal
4	8600	60	35	3	2	4	14	120	24	Nil	Nil	NA D	Nil	Norma l	Normal
5	8700	55	40	4	5	8	12	130	27	Nil	Nil	NA D	Nil	Norma l	Normal
6	9000	55	34	2	4	7	12	120	28	Nil	Nil	NA D	Nil	Norma l	Normal
7	8700	58	35	3	4	6	15	135	23	Nil	Nil	NA D	Nil	Norma l	Normal
8	9200	60	38	2	3	8	13	120	25	Nil	Nil	NA D	Nil	Norma l	Normal
9	9400	65	55	1	5	9	14	120	26	Nil	Nil	NA D	Nil	Norma l	Normal
10	9000	56	48	4	2	5	16	120	23	Nil	Nil	NA D	Nil	Norma l	Normal

DIFFERENTIAL DIGNOSIS

KIRUMI KANDHA THALAI NOKKADU

“கதித்துமே மௌலிபற்றித் தலைநோயுண்டாங்
கடிமூக்குத்தண்டு புருவம் வலிக்கும்
வதித்துமே வாய்நீர்தான் மிகவுழறும்
வடிவமெல்லாம் நோவாமே மன மறுக்குங்
குதித்துமே கைகாலுமிடறும் பற்றிக்
குத்தியே விறுவிநென்றே தானிருக்கும்
நதித்து நாணற் பூப்போன்ற கிருமி வீழும்
நாறுமே கிருமி கந்ததலை நோக்காடே”

என்பதினால் இந்நோயில் தலைவலியும், மூக்குத்தண்டு புருவம் இவற்றின் வலியுமுண்டாகும். வாய்நீர் அதிகமாகுறும். தேகமெங்கும் நோயுண்டாகும். மனக்கஷ்டமுமுண்டாகும். கைகால்கள் இடறும். குத்தலும் விறுவிறுப்புமுண்டாகும். நாணற் பூப்போற் கிருமிகள் வீழும் என்பதாம்.

Pain in the nasal septum, eye brow also occurs with head ache, Excessive salivation, malaise, lassitude numbness and tingling sensation in both the limbs also occurs. Worms like flower of anal are excreted in the faeces.

In the above mentioned poem, head-ache only related symptoms in Oruthalai Vaatham

SURYA VARTHAM

“கந்தமாம் வலப்பக்கமிடப்பக்கமாதல்

கண்ணடியு மூக்கடியும் புருவம்பற்றி

புந்தமாம் புருவத்தில் ஊசிகுத்தல்

போல் வலிக்குங் கண்தானுஞ் சுருங்கிக் காணும்

பந்தமா முடம்பெங்கும் பாரமாகும்

பகற்போது தாழ்ந்வுடன் நோவுமட்டாந்

துந்தமாந்துந் துமிபோல் வலியுண்டாகுஞ்

சூரியாவர்த்தந்தன்னின் சுருபமாமே”

என்பதினால், சூரியாவர்த்தத் தலைவலி நோயில் தலையின் வலப்பக்கம் அல்லது இடப்பக்கம் வலியுண்டாகும். கண், மூக்கு, புருவம் இவற்றிலும் ஊசியாற் குத்துவதுபோல் வலியுண்டாகும். கண் சுருங்கிக்காணும். உடல் பாரமாகத் தோன்றும். பகற்பொழுதுக்கு மேல் (மாலை நேரம்) வலியாவும் குறையும். சூரியன் உதயமாகும்போது தினந்தோறும் மேற்கண்ட தலைவலி யுண்டாகும், பொழுது சாய்ந்தவுடன் வலிமட்டுப்படும் என்பதாம்.

Pain occurs one sided in the left or right side in suryavartham. Pricking pain occurs in the eye, nose, eyebrow, malaise also occurs. Pain decreases during evening. Pain starts at sunrise and subsided at sunset.

In the above mentioned poem, head-ache only related symptoms in Oruthalai Vaatham

PITHA THALIA NOKKADU

“வண்மையாய் நிற்கின்ற மூக்குந் தானும்
வடிந்துமே நீர்ப்பாய்ந்துத் தலைகனத்து
வெண்மையாய் வாய்நீர்தான் மிகவுழறி
மீறியே வுண்ணாக்கைப் பற்றி நொந்து
திண்மையாய்ச் செவிதனிலே குத்தலுண்டாய்ச்
சிரசுதான் பாரமாய் மிகக் கனக்கும்
கண்மையாய் கண்ணொடு புருவங்குத்தல்
கனமான பித்தத்தின்றலை நோக்காடே”

என்பதினால், இந்நோயில் மூக்கு நீர் பாய்தல், தலைகனத்தல், வாய் நீருறல், வாய்நீர் வெண்மையாயிருத்துல், உண்ணாக்கு நோதல், காது குத்தல், சிரோபாரமுண்டாதல், கண்ணும் புருவமும் குத்தல் ஆகிய இக்குறிகுணங்களைக் காணலாம்.

Running nose, headache, excessive salivation which is whitish, pain in the uvula and ear, heaviness of head, pain in the eye and eyebrow are seen in this disease.

In the above mentioned poem, head-ache only related symptoms in Oruthalai Vaatham

Disease	Positive symptoms	Negative symptoms
Kirumi Kandha Thalai Nokkaadu	Headache	Pain in the nasal Septum, Eye brow, excessive salivation, malaise, Tingling sensation in both limbs
Suryaavardham	Headache	Pain in the eyebrow, Forehead, Nausea, day time headache
Pitha Thalai Nokkaadu	Headache	Sneezing, salivation, Fever

DISCUSSION

Saint Yugi has classified the diseases into two types they are,

- Functional disorder
- Organic invasions

The functional units of our body are three vital forces, which are Vali, Azhal and Iyam. Any disturbances in the vital humour will affect the function of the organ. In chronic condition, it may lead to pathological changes in the affected organ.

Vali is the initiator of all activities of our body. It is important in the connecting network of the body from sense organ to brain and tissue to tissue and even cell to cell.

The clinical studies on all selected cases were undergone investigation by both siddha as well as modern allied parameters.

INTERPRETATION OF CLINICAL HISTORY

1. Family history

80% of patients not related to the family history

2. Age group

60% of patients affected in the age group 20-40.

3. Sex

80 % of patients affected in male.

4. Habits

60% of patients affected in alcohol abuser.

5. Clinical features

All the patients depicted the clinical features mentioned in the poem “Oruthalai vaatham” in the text book of “Yugi Vaithya Chinthamani”

INTERPRETATION OF SIDDHA PARAMETERS

Interpretation of Envagai thervugal

1. Naadi

In naadi diagnosis of the all patients, the observed naadi is ValiIyam and IyaVali.

2. Sapisam

100% of patients has pain in one side of the head.

3. Naa

50% of patients was affected. Tongue coated due to constipation.

4. Niram

On observations the body colour of all the patients are normal.

5. Mozhi

All patients having normal speech. No alteration mozhi.

6. Vizhi

100% of patients affected due to burning sensation and lacrimation of the eye.

7. Moothiram

Niram - Normal straw colour in all patients

Manam - No abnormal odor.

Enjal - No deposition

Neikuri

70% of the patients Neikuri exhibited as the oil spreads medium look like snake shape.

II. Interpretation of Mukkutra Nilakkal

Vali

1. **Pranan**
100% of patients having loss of appetite.
2. **Abanan**
100% of patients having constipation.
3. **Viyanan**
100% of patients having headache.
4. **Udhanan**
60% of patients having nausea and vomiting.
5. **Samanan**
100% of patients having loss of appetite.
6. **Naagan**
100% of patients having horripillation
7. **Koorman**
100% of patients having Lacrimation
8. **Kirukaran**
100% of patients having Nasal congestion
9. **Devathathan**
100% of patients having sluggishness

Azhal

1. **Anar pitham**
100% of patients having loss of appetite
2. **Sadhagapitham**
100% of patients having difficulty in doing routine work

Iyam

1. **Kilethagam**
100% of patients having loss of appetite
2. **Tharpagam**
100% of patients having burning sensation of the eye
3. **Santhigam**
100% of patients having difficult in movements of joints.

III. Interpretation in Udal thathukkal

1. Saaram

100% of patients having loss of appetite

2. Senneer

100% of patients having loss of appetite

3. Oon

100% of patients sense organs are affected

4. Kozhuppu

100% of patients having dizziness

5. Enbu

80% of patients having hair falling

6. Moolai

80% of patients having blurring vision

INTERPRETATION OF ALLIED PARAMETERS

Suspected cases were subjected to screening test of haematology.

Total Count of WBC	- Normal
Total Count of RBC	- Normal
Differential Count for WBC	- Normal
Hb	- Normal
ESR	- Normal
CT – Scan - brain	- Normal
EEG	- Normal

HIGHLIGHTS OF THE DISSERTATION TOPIC

- ❖ The disease is characterized by the one side of the head-ache.
- ❖ Patients were having complaints of lacrimation, burning sensation of the eye due to autonomic response of the cluster head-ache.
- ❖ Further the patients having loss of appetite, horripillation and short and frequent feeble cough.
- ❖ Few of these show that symptoms like deep expiration and trembling of the body
- ❖ All of these symptoms are correlate with oruthalai vaatham explained by our great siddhar Yugimuni.

CONCLUSION

Identification of disease and its pathogenesis are per requisite for medical practice. A detailed history taking, clinical examinations as per siddha guidelines is necessary to arrive at precise diagnosis.

The study on Oruthalai Vaatham was carried out in the dissertation, giving importance to the characteristics of the disease like one side headache, lancinating pain, lacrimation, burning sensation of the eye, Deep expiration, Trembling of the body due to fear, Short and frequent feeble cough, loss of appetite, horripillation.

Diagnosis can be carried out by detailed history taking, classical clinical examination of siddha system via Envagaithervugal including Neerkuri, Neikuri, and changes in seven physical constituents and three humours.

This study on Oruthalai Vaatham may be correlates with cluster headache which has given relevance to modern clinical entity.

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P.G. – NOI NAADAL DEPARTMENT,
GOVT.SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI.
A Study to Diagnose “ORUTHALAI VAATHAM through Siddha
Diagnostic Methodology

PROFORMA

1. Name : _____	7. O.P.No. : _____
2. Age : _____	8. I.P. No. : _____
3. Sex : _____	9. Bed No. : _____
4. Occupation : _____	10. S.No. : _____
5. Income : _____ / month	11. Date : _____
6. Address : _____	12. Nationality : _____

Signature of the department Faculty

13. Complaints and duration:

14. History of Present Illness:

15. Past History:

16. Family History:

17. Personal History:

Habits		1.Yes	2.No	
18. Tea	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Coffee	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Milk	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Smoking	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Alcohol/ Drug	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Food habits	:	V <input type="checkbox"/>	NV <input type="checkbox"/>	M <input type="checkbox"/> _____

GENERAL ETIOLOGY FOR ORUTHALAI VAATHAM

	1. Yes	2.No	
24 Excessive intake of bitter and salt	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 Sleeping in day time	<input type="checkbox"/>	<input type="checkbox"/>	_____
26 Sleep disturbances in night time	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Stress	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Repeated Starvation	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Increased weight	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Excess Alcohol in take	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Increased Angryness	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Trauma	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Biological causes (any infection)	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Congential causes	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Idiopathic.	<input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL EXAMINATION

36. Conciousness	:	_____
37. Posture	:	_____
38. Nourishment	:	_____
39. Weight	:	<input type="text"/> <input type="text"/> <input type="text"/> kg
40. Temperature	:	<input type="text"/> <input type="text"/> <input type="text"/> °F
		<input type="text"/> <input type="text"/> <input type="text"/> /minute

41. Pulse rate : /minute

42. Heart rate : /minute

43. Respiratory rate : /minute

44. Blood pressure : / mm Hg

		1.Present	2.Absent	
45. Pallor	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
46. Jaundice	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
47. Cyanosis	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
48. Lymphadenopathy	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
49. Pedal Oedema	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
50. Clubbing	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
51. Jugular vein pulsation	:	<input type="checkbox"/>	<input type="checkbox"/>	_____

VITAL ORGANS EXAMINATION

		1. Normal	2.Affected	
52. Stomach	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
53. Liver	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
54. Spleen	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
55. Lungs	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
56. Heart	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
57. Kidney	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
58. Brain	:	<input type="checkbox"/>	<input type="checkbox"/>	_____

SIDDHA SYSTEM OF EXAMINATION

ENNVAGAI THERVUKAL

NAA

59. Maa Padinthuruthal

1. Present ☐

2. Absent ☐

60. Niram

1. Karuppu ☐

2. Manjal ☐

3. Velluppu ☐ _____

61. Suvai

1. Pulippu ☐

2. Kaippu ☐

3. Inippu ☐

4. Thuvarppu ☐

5. Kaarppu ☐

6. Uppu ☐

62. Vedippu

1. Present ☐

2. Absent ☐

63. Vai neer oorai

1. Normal ☐

2. Excess ☐

3. Scanty ☐

4. Absent ☐

64. **NIRAM**

1. Karuppu ☐

2. Manjal ☐

3. Maaniram ☐

4. Velluppu ☐

65. **MOZHI**

1. Sama oli ☐

2. Urattha oli ☐

3. Thaazhntha oli ☐ _____

VIZHI

66. Niram

1. Karuppu ☐

2. Manjal ☐

3. Sivappu ☐

4. Velluppu ☐

67. Kanneer

1. Normal ☐

2. Abnormal ☐

68. Erichchal

1. Present ☐

2. Absent ☐

69. Peelai seruthal

1. Present ☐

2. Absent ☐

MEI KURI

70. Veppam

1. Mithamveppam ☐2. Miguveppam ☐3. Thatpam ☐

71. Viyarvai

1. Normal ☐2. Increased ☐3. Reduced ☐

72. Thodu vali

1. Present ☐2. Absent ☐

73. Mayir Silirthal

(Horripillation)

1. Present ☐2. Absent ☐

MALAM

74. Niram

1. Karuppu ☐2. Manjal ☐3. Sivappu ☐4. Velluppu ☐

75. Thanmai

1. Elagal ☐2. Erugal ☐4. Thin ☐5. Bully ☐

76. Alavu

1. Normal ☐2. Increased ☐3. Decreased ☐

77. Kalichchal

1. Present ☐2. Absent ☐

78. Seetham

1. Present ☐2. Absent ☐

79. Vemmai

1. Present ☐2. Absent ☐**MOOTHIRAM – SIRUNEER****NEER KURI**

80. Niram

1. Venmai ☐2. Manjal ☐3. Sivappu ☐

81. Manam

1. Present ☐2. Absent ☐

82. Nurai

1. Normal ☐2. Increased ☐3. Reduced ☐

83. Edai(Ganam)

1. Normal ☐2. Increased ☐3. Reduced ☐

84. Enjal (Alavu)

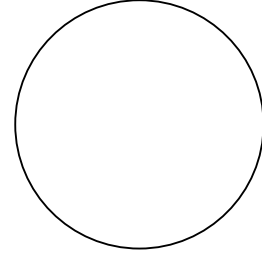
1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

4. Thadavai

Day	Night	Total
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. **NEI KURI**

1. Aravam <input type="checkbox"/>	2. Mothiram <input type="checkbox"/>
3. Muthu <input type="checkbox"/>	4. Aravil Mothiram <input type="checkbox"/>
5. Aravil Muthu <input type="checkbox"/>	6. Mothirathil Aravam <input type="checkbox"/>
7. Mothirathil Muthu <input type="checkbox"/>	8. Muthil Aravam <input type="checkbox"/>
9. Muthil Mothiram <input type="checkbox"/>	10. Asaathiyam <input type="checkbox"/>
11. Mellena paraval <input type="checkbox"/>	



NAADI(KAI KURI)

Naadi Nithaanam

86. Kaalam

1. Kaarkaalam <input type="checkbox"/>	2. Koothirkaalam <input type="checkbox"/>
3. Munpanikaalam <input type="checkbox"/>	4. Pinpanikaalam <input type="checkbox"/>
5. Ilavenirkaalam <input type="checkbox"/>	6. Muthuvenirkaalam <input type="checkbox"/>

87. Desam

1. Kulir ☐ 2. Veppam ☐ _____

88. Vayathu

1. 1-33yrs ☐ 2. 34-66yrs ☐ 3. 67-100yrs ☐

89. Udal Vanmai

1. Iyyalbu ☐ 2. Valivu ☐ 3. Melivu ☐

90. Naadiyin Vanmai

1. Vanmai ☐ 2. Menmai ☐

91. Naadiyin Panbu

1. Thannadai ☐ 2. Puranadai ☐ 3. Illaitthal ☐

- | | | | | | |
|-----------------|--------------------------|--------------|--------------------------|--------------|--------------------------|
| 4. Kathithal | <input type="checkbox"/> | 5. Kuthithal | <input type="checkbox"/> | 6. Thullal | <input type="checkbox"/> |
| 7. Azhutthal | <input type="checkbox"/> | 8. Padutthal | <input type="checkbox"/> | 9. Kalatthal | <input type="checkbox"/> |
| 10. Munnookku | <input type="checkbox"/> | 11. Pinnokku | <input type="checkbox"/> | 12. Suzhalal | <input type="checkbox"/> |
| 13. Pakkamnokku | <input type="checkbox"/> | | | | |

92. Naadi Nadai

- | | | | | | |
|--------------|--------------------------|--------------|--------------------------|-------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyam | <input type="checkbox"/> |
| 4. Valiazhal | <input type="checkbox"/> | 5. Azhalvali | <input type="checkbox"/> | 6. Iyavali | <input type="checkbox"/> |
| 7. Valiiyam | <input type="checkbox"/> | 8. Azhaliyam | <input type="checkbox"/> | 9. Iyaazhal | <input type="checkbox"/> |
| 10. Sanni | <input type="checkbox"/> | | | | |

93. MANIKKADAI NOOL (Viral Kadai Alavu)

IYMPORIGAL / IYMPULANGAL

- | | 1. Normal | 2. Affected |
|----------------------|--------------------------|--------------------------------|
| 94. Mei / Ooru | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 95. Vaai / Suvai | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 96. Kan / Oli | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 97. Mookku / Naatram | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 98. Sevi / Osai | <input type="checkbox"/> | <input type="checkbox"/> _____ |

KANMENTHIRIYANGAL / KANMAVIDAYANGAL

- | | 1. Normal | 2. Affected |
|---------------------------|--------------------------|--------------------------------|
| 99. Kai / Thaanam | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 100. Kaal / Gamanam | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 101. Vaai / Vasanam | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 102. Eruvaai / Visarkkam | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 103. Karuvaai / Aanantham | <input type="checkbox"/> | <input type="checkbox"/> _____ |

104. YAAKAI

- | | | | | | |
|--------------|--------------------------|--------------|--------------------------|-------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyam | <input type="checkbox"/> |
| 4. Valiazhal | <input type="checkbox"/> | 5. Azhalvali | <input type="checkbox"/> | 6. Iyavali | <input type="checkbox"/> |
| 7. Valiiyam | <input type="checkbox"/> | 8. Azhaliyam | <input type="checkbox"/> | 9. Iyaazhal | <input type="checkbox"/> |

105. GUNAM

- | | | | | | |
|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|
| 1. Sathuva Gunam | <input type="checkbox"/> | 2. Rasatha Gunam | <input type="checkbox"/> | 3. Thamasa Gunam | <input type="checkbox"/> |
|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|

UYIR THATHUKKAL

I. VALI

1.Normal

2. Affected

106. Uyirkkaal (Praanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
107. Keelnokkukkaal (Abaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
108. Melnokkukkaal (Udhaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
109. Paravukaal (Viyaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
110. Nadukkaal (Samaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
111. Naahan	<input type="checkbox"/>	<input type="checkbox"/>	_____
112. Koorman	<input type="checkbox"/>	<input type="checkbox"/>	_____
113. Kirukaran	<input type="checkbox"/>	<input type="checkbox"/>	_____
114. Devathathan	<input type="checkbox"/>	<input type="checkbox"/>	_____
115. Dhananjeyan	<input type="checkbox"/>	<input type="checkbox"/>	_____

II.AZHAL

1. Normal

2. Affected

116. Aakkanal (Anarpitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
117. Olloliththee (Prasakapitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
118. Vannayeri (Ranjakapitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
119. Nokkazhal (Aalosakapitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
120. Aatralangi (Saathakapitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____

III.IYAM

1. Normal

2. Affected

121. Aliiyam (Avalambagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
122. Neerppiiyam (Kilethagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
123. Suvaikaaniyam (Pothagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
124. Niraivuiyam (Tharpagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
125. Ontriiyam (Santhigam)	<input type="checkbox"/>	<input type="checkbox"/>	_____

UDAL THATHUKKAL**1. Normal****2. Affected**

126. Saaram

☐☐

127. Senneer

☐☐

128. Oon

☐☐

129. Kozhuppu

☐☐

130. Enbu

☐☐

131. Moolai

☐☐

132. Suronitham/Sukkilam

☐☐

MUKKUTRA MIGU GUNAM**I.Vali Migu Gunam****1. Present****2. Absent**

133. Emaciation

☐☐

134. Blackish colouration of body

☐☐

135. Desire to take hot food

☐☐

136. Tremors

☐☐

137. Abdominal distension

☐☐

138. Insomnia

☐☐

139. Constipation

☐☐

140. Weakness

☐☐

141. Weakness of sense organs

☐☐

142. Giddiness

☐☐

143. Sluggishness

☐☐**II. Azhal Migu Gunam****1. Present****2. Absent**

144. Yellowish discolouration of the skin

☐☐

145. Yellowish discolouration of the eye

☐☐

146. Yellowish discolouration of urine

☐☐

147. Yellowish discolouration of faeces

☐☐

- | | | |
|------------------------------------|--------------------------|--------------------------|
| 148. Increased appetite | <input type="checkbox"/> | <input type="checkbox"/> |
| 149. Burning sensation in the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 150. Insomnia | <input type="checkbox"/> | <input type="checkbox"/> |

III. Iyam Migu Gunam

1. Present

2. Absent

- | | | |
|----------------------------|--------------------------|--------------------------|
| 151. Excessive salivation | <input type="checkbox"/> | <input type="checkbox"/> |
| 152. Reduced appetite | <input type="checkbox"/> | <input type="checkbox"/> |
| 153. Heaviness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 154. Whiteness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 155. Chillness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 156. Cough | <input type="checkbox"/> | <input type="checkbox"/> |
| 157. Increased sleep | <input type="checkbox"/> | <input type="checkbox"/> |
| 158. Eraippu (Dyspnoea) | <input type="checkbox"/> | <input type="checkbox"/> |
| 159. Sluggishness | <input type="checkbox"/> | <input type="checkbox"/> |

160. STATE OF MUKKUTRAM

1. Vali ☐ 2. Azhal ☐ 3. Iyam ☐ _____

161. NOI UTRA KAALAM

- | | | | |
|-------------------|--------------------------|---------------------|--------------------------|
| 1. Kaarkaalam | <input type="checkbox"/> | 2. Koothirkaalam | <input type="checkbox"/> |
| 3. Munpanikaalam | <input type="checkbox"/> | 4. Pinpanikaalam | <input type="checkbox"/> |
| 5. Ilavenirkaalam | <input type="checkbox"/> | 6. Muthuvenirkaalam | <input type="checkbox"/> |

162. NOI UTRA NILAM

- | | | | | | |
|------------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| 1. Kurinji | <input type="checkbox"/> | 2. Mullai | <input type="checkbox"/> | 3. Marutham | <input type="checkbox"/> |
| 4. Neithal | <input type="checkbox"/> | 5. Paalai | <input type="checkbox"/> | | |

163. Date of Birth

164. Time of Birth am /pm

165. Place of Birth

166. Pirantha Thinai

167. NATCHATHIRAM

- | | | | | | |
|----------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|
| 1. Aswini | <input type="checkbox"/> | 2. Barani | <input type="checkbox"/> | 3. Karthikai | <input type="checkbox"/> |
| 4. Rohini | <input type="checkbox"/> | 5. Mirugaseeridan | <input type="checkbox"/> | 6. Thiruvathiyai | <input type="checkbox"/> |
| 7. Punarpoosam | <input type="checkbox"/> | 8. Poosam | <input type="checkbox"/> | 9. Aayilyam | <input type="checkbox"/> |
| 10. Makam | <input type="checkbox"/> | 11. Pooram | <input type="checkbox"/> | 12. Uthiram | <input type="checkbox"/> |
| 13. Astham | <input type="checkbox"/> | 14. Chithirai | <input type="checkbox"/> | 15. Swathi | <input type="checkbox"/> |
| 16. Visakam | <input type="checkbox"/> | 17. Anusam | <input type="checkbox"/> | 18. Kettai | <input type="checkbox"/> |
| 19. Moolam | <input type="checkbox"/> | 20. Poradam | <input type="checkbox"/> | 21. Utthiradam | <input type="checkbox"/> |
| 22. Thiruvonam | <input type="checkbox"/> | 23. Avittam | <input type="checkbox"/> | 4. Sadayam | <input type="checkbox"/> |
| 25. Pooratathi | <input type="checkbox"/> | 26. Utthirattathi | <input type="checkbox"/> | 27. Revathi | <input type="checkbox"/> |
| 28. Not Known | <input type="checkbox"/> | | | | |

168. Paadham

- | | | | | | | | |
|--------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|
| 1. I.Paadham | <input type="checkbox"/> | 2. II. Paadham | <input type="checkbox"/> | 3. III. Paadham | <input type="checkbox"/> | 4. IV. Paadham | <input type="checkbox"/> |
|--------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|

169. RAASI

- | | | | | | |
|---------------|--------------------------|--------------|--------------------------|-------------|--------------------------|
| 1. Mesam | <input type="checkbox"/> | 2. Rishabam | <input type="checkbox"/> | 3. Mithunam | <input type="checkbox"/> |
| 4. Kataham | <input type="checkbox"/> | 5. Simmam | <input type="checkbox"/> | 6. Kanni | <input type="checkbox"/> |
| 7. Thulaam | <input type="checkbox"/> | 8. Viruchiam | <input type="checkbox"/> | 9. Thanusu | <input type="checkbox"/> |
| 10. Maharam | <input type="checkbox"/> | 11. Kumbam | <input type="checkbox"/> | 12. Meenam | <input type="checkbox"/> |
| 13. Not Known | <input type="checkbox"/> | | | | |

EXAMINATION OF CENTRAL NERVOUS SYSTEM

170. Handedness ☐ Right ☐ Left

Higher function test

171. Consciousness ☐ Yes ☐ No

172. Orientation ☐ Normal ☐ Affected

173. Memory ☐ Normal ☐ Affected

174. Mental function ☐ Normal ☐ Affected

175. Sleep ☐ Normal ☐ Affected

Cranial Nerve Examination

	Right		Left	
	Normal	Affected	Normal	Affected
176. Olfactory Nerve (I CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. Optic Nerve (II CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178. Oculomotor Nerve (III CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179. Trochlear Nerve (IV CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Trigeminal Nerve (V CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Abducent Nerve (VI CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Facial Nerve (VII CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Vestibulocochlear Nerve (VIII CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. Glossopharyngeal Nerve (IX CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185. Vagus Nerve (X CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186. Spinal Accessory Nerve (XI CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187. Hypoglossal Nerve (XII CN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMINATION OF MOTOR SYSTEM

		Right			Left		
		Normal	Affected		Normal	Affected	
Nutrition:	188. Arm	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	189. Forearm	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	190. Thigh	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	191. Leg	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Tone		Rigidity		Spasticity	
		Right	Left	Right	Left
	192. Upper limb	_____	_____	_____	_____
	193. Lower limb	_____	_____	_____	_____

Power		Right	Left
	Upper limb		
	194. Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
	195. Elbow	<input type="checkbox"/>	<input type="checkbox"/>
	196. Wrist	<input type="checkbox"/>	<input type="checkbox"/>
	197. Hand Grip	<input type="checkbox"/>	<input type="checkbox"/>
	Lower limb		
	198. Hip	<input type="checkbox"/>	<input type="checkbox"/>
	199. Knee	<input type="checkbox"/>	<input type="checkbox"/>
	200. Ankle	<input type="checkbox"/>	<input type="checkbox"/>

Reflexes: Superficial Reflexes

	Right	Left
201. Abdomen	_____	_____
202. Cremasteric	_____	_____
203. Plantar	_____	_____

Deep tendon Reflexes

	Right	Left
204. Biceps	_____	_____
205. Triceps	_____	_____

206. Supinator	_____	_____
207. Knee	_____	_____
208. Ankle	_____	_____

Examination of Sensory System

	Normal	Affected
209. Superficial	<input type="checkbox"/>	<input type="checkbox"/> _____
210. Deep	<input type="checkbox"/>	<input type="checkbox"/> _____
211. Cortical Sensation	<input type="checkbox"/>	<input type="checkbox"/> _____

INVESTIGATION BLOOD

212. TC (Cells/cumm)	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
213. DC (%)	:	1.P <input type="text"/> <input type="text"/> 2.L <input type="text"/> <input type="text"/> 3.E <input type="text"/> <input type="text"/> 4.B <input type="text"/> <input type="text"/> 5.M <input type="text"/> <input type="text"/>
214. Hb (gms%)	:	<input type="text"/> <input type="text"/> . <input type="text"/>
215. E.S.R. (mm/hr)	:	1.1/2hr <input type="text"/> <input type="text"/> 2.1hr <input type="text"/> <input type="text"/>
216. Blood Sugar (R) (mgs%)	:	<input type="text"/> <input type="text"/> <input type="text"/>
217. Blood Urea (mgs%)	:	<input type="text"/> <input type="text"/>
218. Serum Creatinine (mgs%)	:	<input type="text"/> . <input type="text"/> <input type="text"/>

	Positive	Negative
219. C-reactive protein	<input type="checkbox"/>	<input type="checkbox"/>
	Reactive	Non-reactive
220. V.D.R.L. Test	<input type="checkbox"/>	<input type="checkbox"/>
	Positive	Negative
221. E.L.I.S.A Test for H.I.V	<input type="checkbox"/>	<input type="checkbox"/>
222. Blood Culture	:	_____

URINE

223. Albumin	:	0.Nil	<input type="checkbox"/>	1. Trace	<input type="checkbox"/>	2.+	<input type="checkbox"/>
		3. ++	<input type="checkbox"/>	4. +++	<input type="checkbox"/>		
224. Sugar	:	0.Nil	<input type="checkbox"/>	1. Trace	<input type="checkbox"/>	2.+	<input type="checkbox"/>
		3. ++	<input type="checkbox"/>	4. +++	<input type="checkbox"/>	5. ++++	<input type="checkbox"/>

Deposits**Present****Absent**

225. Pus cells	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
226. Epithelial cells	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
227. RBCs	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
228. Crystals	:	<input type="checkbox"/>	<input type="checkbox"/>	_____

MOTION**1. Present****2. Absent**

229. Ova	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
230. Cyst	:	<input type="checkbox"/>	<input type="checkbox"/>	
231. Occult Blood	:	<input type="checkbox"/>	<input type="checkbox"/>	

232. X-ray Chest PA View

Skull

PNS View

233. EEG

234. CT/MRI Scan Brain

CLINICAL SYMPTOMS OF ORUTHALI VAATHAM

	Present	Absent
235. One side head ache	<input type="checkbox"/>	<input type="checkbox"/>
236. Stabbing pain	<input type="checkbox"/>	<input type="checkbox"/>
237. Lacrimation	<input type="checkbox"/>	<input type="checkbox"/>
238. Burnning Sensation of the Eye	<input type="checkbox"/>	<input type="checkbox"/>
239. Deep expiration	<input type="checkbox"/>	<input type="checkbox"/>
240. Trembling of the body due to fear	<input type="checkbox"/>	<input type="checkbox"/>
241. Short and frequent feeble cough	<input type="checkbox"/>	<input type="checkbox"/>
242. Lose of appetite	<input type="checkbox"/>	<input type="checkbox"/>
243. Horripillation	<input type="checkbox"/>	<input type="checkbox"/>

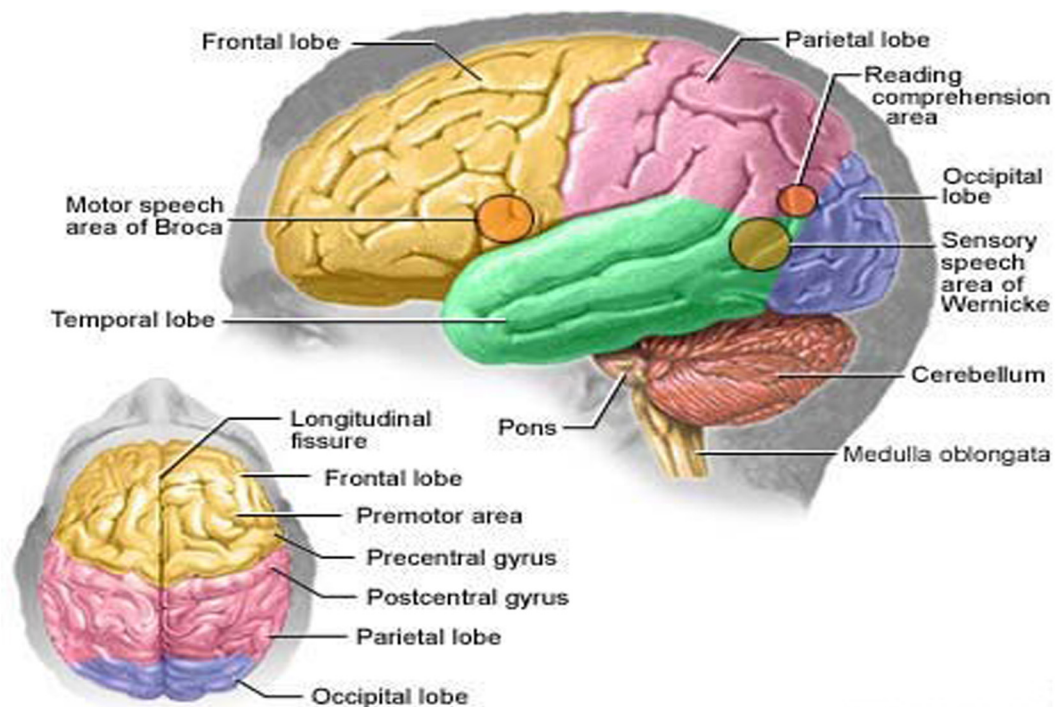


Cluster headaches may involve pain around one eye, along with drooping of the lid, tearing and congestion on the same side as the pain

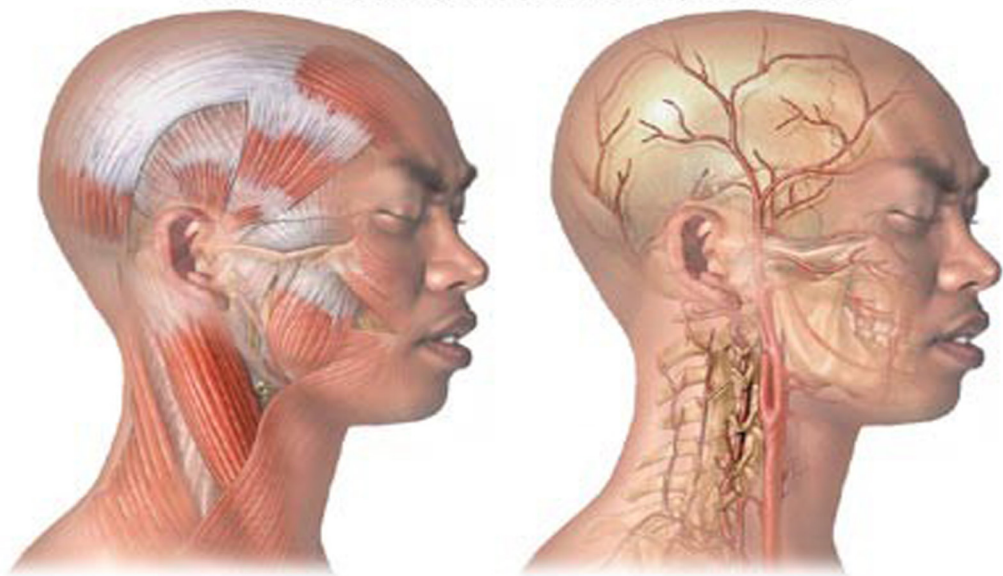


ANISORCORIA WITH RIGTH UPPER LID PTOSIS

ANATOMY OF BRAIN



Most headaches are caused by muscle contraction or blood flow problems



DR .S .ALAGESAN ,M .D ,D .M .(NEURO)

139C ,TRIVANDRUM ROAD , MURUGANKURICHI ,

PALAYAMKOTTAI -627 002

TAMILNADU , INDIA .

TEL : (0462)- 2573759 .

PRE AQUISITION NOTES

Patient No . 01568

Date : 04/06/2007

Name : MR .SAHIB
Address : KADAIYANALLOOR

Sex : male Age : 28 years
00 months
Referred by : Dr .S .ALAGESAN ,MD . ,

Patient History:

*PROVISIONAL DIAGNOSIS : SEIZURE DISORDER
*CO-OPERATION : FAIR
*SEDATION : NIL
*LAST ATTACK : TODAY AT 3:00 P.M .
*LAST MEAL : 1:30 P.M .
*HYPERVENTILATION : YES
*PHOTIC STIMYLATION : NIL
*HANDEDNESS : RIGHT
*MEDICATION : *****
*RECORDED AT : 9:45 P.M .
*ANY OTHERS : *****

ANALYSIS REPORT:

BACKGROUND ACTIVITY : 10HZ ALPHA SEEN OVER BOTH
POSTERIOR HEAD REGION ,WHICH
RESPONDS TO EYE OPENING AND
*FOCAL OR PAROXYSMAL ABNORMALITY : EYE CLOSURE .
*DURING HYPERVENTILATION : NO PAROXYSMAL EVENTS SEEN
*DURING PHOTIC STIMULATION : NO PAROXYSMAL EVENTS SEEN
*BRAIN MAPPING : REVEALS NORMAL POSTERIOR ALPHA
*IMPRESSION : RECORD IS WITHIN NORMAL LIMITS .

By Dr .S .ALAGESAN ,MD . ,DM . ,



RECORDERS AND MEDICARE SYSTEMS

181/5, Phase-I, Ind.Ared, Chandigarh - 160 002, INDIA
PH. 655856, 655404, FAX: 0172-653415

Background



SEVA SCANS

PAT. NAME. : MR. HARI BASKAR

24 YRS / M

DATE: 11.11.2008

REF. BY. : DR. JERALD., M.D.,

CT SCAN OF BRAIN - PLAIN & CONTRAST

TECHNIQUE:

Serial axial 5mm sections of posterior fossa and 10mm sections of supratentorial compartments were studied before and after administration of I.V contrast.

OBSERVATION:

- ☞ The sections of the brain do not reveal any area of altered tissue density or abnormal area of contrast enhancement.
- ☞ Both cerebral hemispheres show normal grey-white matter differentiation.
- ☞ No evidence of space occupying lesion seen.
- ☞ No abnormal parenchymal or meningeal enhancement is seen.
- ☞ No evidence of intra / extra axial haemorrhages is seen.
- ☞ All the ventricles show normal anatomical configuration with no shift of midline structures. Sylvian and other basal cisterns appear normal.
- ☞ Sella and supra sellar region appear normal.
- ☞ Posterior fossa and contents are normal.
- ☞ Visualised parts of bony skull vault, orbits and paranasal sinuses do not show any abnormality.

IMPRESSION:

- ❖ **NO EVIDENCE OF INFARCT, HAEMORRHAGE, GRANULOMAS OR SPACE OCCUPYING LESIONS SEEN.**
- ❖ **NO OTHER SIGNIFICANT INTRACRANIAL ABNORMALITY IS DETECTED IN THIS STUDY.**


DR. R. RAVI., D.M.R.D.,
CONSULTANT RADIOLOGIST.

Encl: Film (1)

Thankyou verymuch for your kind referance.

Note : Kindly correlate clinically and with other parameters to arrive at final diagnosis

No. #2, Vaidyanathaiyyer Street, Shenoy Nagar, Near Govt. Hospital,
MADURAI - 625 020. PH : 0452-4391921, 4391922



G.K. HOSPITAL

Speciality Surgical Centre

LAB REPORT

Patient Name : Hari Baskar

Age / Sex : 24/Male

Nature of Specimen :

Date : 11.11.08

Blood Test

T.C. : 10,000/cum.m
D.C : P-60% L-30% E-1%
HB : 11 gms
ESR : $\begin{matrix} < 6\text{mm} & (\frac{1}{2} \text{ Hour}) \\ < 9\text{mm} & (1 \text{ Hour}) \end{matrix}$

Blood Sugar : 120 mg %

Blood Urea : 25 mg %

Urine :

Albumine : Nil

Sugar : Nil

Deposits :

Puscells : Nil

Epithelial cell : Nil

RBC : Nil

Crytals : Nil